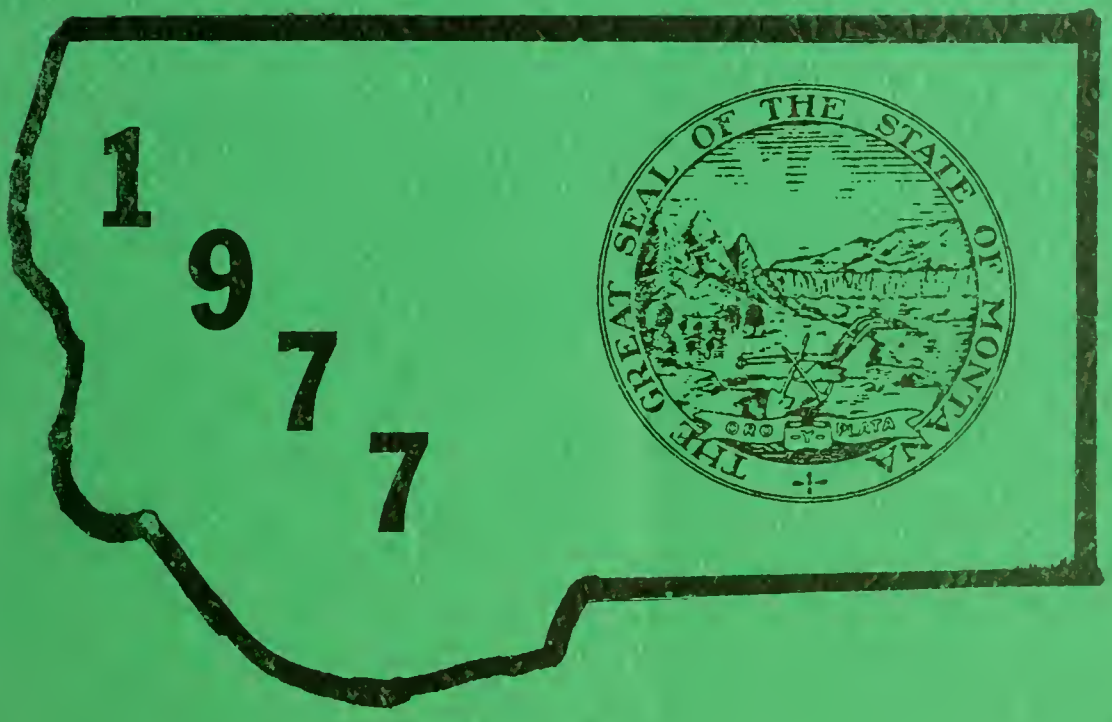
Montana State Plan

for



Comprehensive

Mental Health Services

THE MONTANA STATE PLAN FOR COMPREHENSIVE MENTAL HEALTH SERVICES is submitted for review by NIMH, State Mental Health Advisory Council and Community Mental Health Regional Boards and Other Interested Parties

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September 1, 1976

Prepared by:

Montana Department of Institutions

MONTANA STATE PLAN FOR

COMPREHENSIVE MENTAL HEALTH SERVICES

Under Public Law 94-63
Known as Public Health Services Act
Amendments of 1975

PLAN PERIOD
July 1, 1976 through June 30, 1981

Prepared by:

Montana Department of Institutions

STATE PLAN FOR

COMPREHENSIVE MENTAL HEALTH SERVICES

GENERAL INFORMATION

DEPARTMENT OF INSTITUTIONS
(Designated State Mental Health Agency)

Robert Mattson, Ed.D.
(Director)

Hon. Thomas L. Judge
(State Chief Executive Officer)

Public Review Period September 1, 1976 to September 30, 1976

Certification for Approval
(Hon. Thomas L. Judge - Governor)

Public information concerning
this plan and public comment on
plan contents should be addressed to:

MENTAL HEALTH FIELD SERVICES BUREAU
1539 11th Avenue
Helena, Montana 59601

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LIST OF EXHIBITS

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INTRODUCTION

I. INTRODUCTION

PURPOSE OF THE PLAN

The Montana State Plan for Comprehensive Mental Health Services has two overall purposes.

-To assure the State's commitment to fulfill its obligations of participation in the Public Health Services Act.

-To provide a mechanism for direction and communication between the Montana Department of Institutions and other state and local organizations involved in delivery of mental health services.

With these broad purposes in mind, the Department of Institutions views the state five-year plan as only one part of a continuing process of planning, review and evaluation and as such, it will be referred to extensively to assess goal achievement. Specifically, the purpose of the plan from both Federal and State perspectives is as follows.

Federal

In order for any state to meet requirements for mental health funds under Section 314(d) of the Public Health Services Act, or for any mental health project to receive funds under parts A, B or C of the Community Mental Health Centers Act, a state must have a federally approved state plan for comprehensive mental health

services. The National Institute of Mental Health requires states to describe overall goals and objectives for delivery of mental health services. At a minimum, the Plan must describe how each of the following objectives will be achieved.

-Implementation of a pre-admission screening system to eliminate inappropriate placement in institutions.

-Development of alternatives to hospitalization.

-Provision of quality care for persons with mental health problems residing in institutions.

-Provision of followup care for residents who have been discharged from mental health facilities.

-Implementation of statewide standards of maintenance and operation of mental health services facilities and programs.

-Implementation of methods to coordinate statewide human services programs to provide an optimum level of efficiency and effectiveness in service planning and delivery.

In addition, the Plan must describe present catchment areas throughout the State for regional delivery of services. Descriptions must include an inventory of existing facilities and services, results of a survey indicating needs for additional services, and established priorities for each regional area. Finally, the Plan must describe the overall organization structure and methods for administration of the State Plan.

State

From the State perspective, this Plan is considered a timely vehicle to bring together views of State and local government organizations and citizen representatives for delivery of effective and efficient mental health services. This is especially necessary in Montana where the large majority of direct service delivery occurs within five geographic regions administered by five regional mental health boards.

In the Plan development process, a fresh look was taken at present status of the Montana mental health program. As a result, it was determined that Montana is far short of achieving Federal and State goals. Improvements are required in the state agency's ability to monitor and evaluate service programs, provision of uniform and accessible services across the state, and most important in provision of service alternatives to institutionalization. With this background the plan is intended to provide a framework for:

-Implementation of Montana House Bill 289. This bill requires local mental health programs to submit an operational plan for state agency approval prior to receipt of state funds.

-Public communication of state goals, policy and strategies for improved delivery of mental health services;

-Coordination of services among several state and local agencies; and,

-Evaluation of accomplishments from year to year.

Being a plan, its focus is on desired outcomes or objectives over the next five years. Achievement of objectives will require a commitment to cooperation by those state and local organizations responsible to improve and broaden needed mental health services.

OVERVIEW OF PLAN CONTENTS

The State of Montana Mental Health Services Plan presents to the citizens of Montana a detailed description of mental health services and functions presently provided and those to be provided over the next five years. The Plan describes State and local organizational structure and responsibilities, present goals and objectives for mental health service delivery, and mechanisms to be used for annual plan review and revision. In addition, an appendix is provided to present revised standards for operation of mental health programs and steps taken to assess each mental health region regarding needs and priorities. The overall purpose of the plan is presented in Section I.

Section II of this Plan describes how the mental health program is administered. The primary purpose of this section is to describe organizational relationships between the Department of Institutions and Regional Mental Health Boards including functions and responsibilities. In addition, Section II outlines steps to be taken for program evaluation, reporting and annual review of the Plan. Finally, this section describes State policy for non-discrimination, personnel standards, conflict of interest and use of funds under Section 227 of the Public Health Services Act for administration of the State Plan.

Overall state goals and objectives are discussed in Section III. Summarized in this section are the results of statewide need and resource surveys to assess priorities for additional services throughout the state. Input during the assessment phase was received from

the State Advisory Council, public hearings and community mental health center regional boards. This input, along with State agency assessment of Federal and State agency requirements, formed the base for establishing specific program objectives and implementation procedures. Section III also discusses estimated manpower requirements for State agency programs and steps to be taken during the first year of the Plan to determine manpower requirements for community mental health programs. Finally, this section describes the nature and extent of State agency coordination efforts with other State and local organizations.

Section IV presents detailed descriptions of the five regional mental health areas including an inventory of existing facilities, results of the need survey and description of services currently offered and those not offered. In addition, this section presents Montana program standards for maintenance and operation of mental health facilities. Also included in this section are various attachments providing supporting documentation for Plan content.

II

ADMINISTRATION OF THE MONTANA MENTAL HEALTH PROGRAM

II. ADMINISTRATION OF THE MONTANA MENTAL HEALTH PROGRAM

SINGLE STATE AGENCY

On April 13, 1976, Governor Thomas L. Judge designated the Department of Institutions as the single State Authority for the administration and supervision of the Montana Mental Health Program. (See attachment 1). In this capacity, the Department of Institutions maintains the authority and responsibility for preparation of the State Mental Health Services Plan and monitoring achievement of program objectives. Further, this department is accountable to the Federal Government for correct expenditures of Federal funds received for Mental Health Administration and program operations under Section 314(d) of the Public Health Services Act and for expenditures under Section 227 part c of the Act.

STATE AGENCY ORGANIZATION

Exhibits 1, 2 and 3 display present organization structure for overall Montana State Government, the Department of Institutions, and the mental health program. The Department has recently undergone organization change which has significantly impacted administration of the State mental health program. The primary change has been the addition of the Adaptive Services Division with a single administrator responsible for administration of the Bureaus of Mental Health Field Services and Addictive Diseases along with Warm Springs State Mental Health Hospital. This new organization structure enhances overall management of mental health services.

Generally, with the exception of institutional services, the direction of the Department is to delegate major responsibility for service delivery to the five regional mental health boards. However, the Department of Institutions is not legally restricted to provide community mental health services only through regional mental health boards. Community mental health services may be provided for directly by state agencies or indirectly through contract or cooperative arrangements with other agencies of government, regional or local, private or public agencies, private professional persons or hospitals, under rules adopted by the department as described in Section 80-2803(1), R.C.M. 1947.

The following is a summary of functions of each organizational unit within the Montana mental health program. These functions are based on current legal and regulatory requirements of the single State agency.

1. The Director of the Department of Institutions, Robert H. Mattson, Ed.D., has established an Adaptive Services Division (ASD) whose function is to administer and supervise the following mental health related organizational units:

    -Mental Health Field Services Bureau

    -Addictive Diseases Bureau

    -Warm Springs State Hospital

In addition, the ASD is responsible for monitoring performance of five regional mental health boards. The Division Administrator, Laurance B. Carlson, Ed.D., will provide overall administrative direction and support to the mental health program. In this capacity, he will receive consultation and advice from the State Mental Health Advisory Council for program operations and funding. Dr. Carlson has delegated to the Mental Health Field Services Bureau responsibility for carrying out centralized division functions relating to community mental health centers.

EXHIBIT 1

STATE OF MONTANA
ORGANIZATION OF THE EXECUTIVE BRANCH

JULY 1, 1975

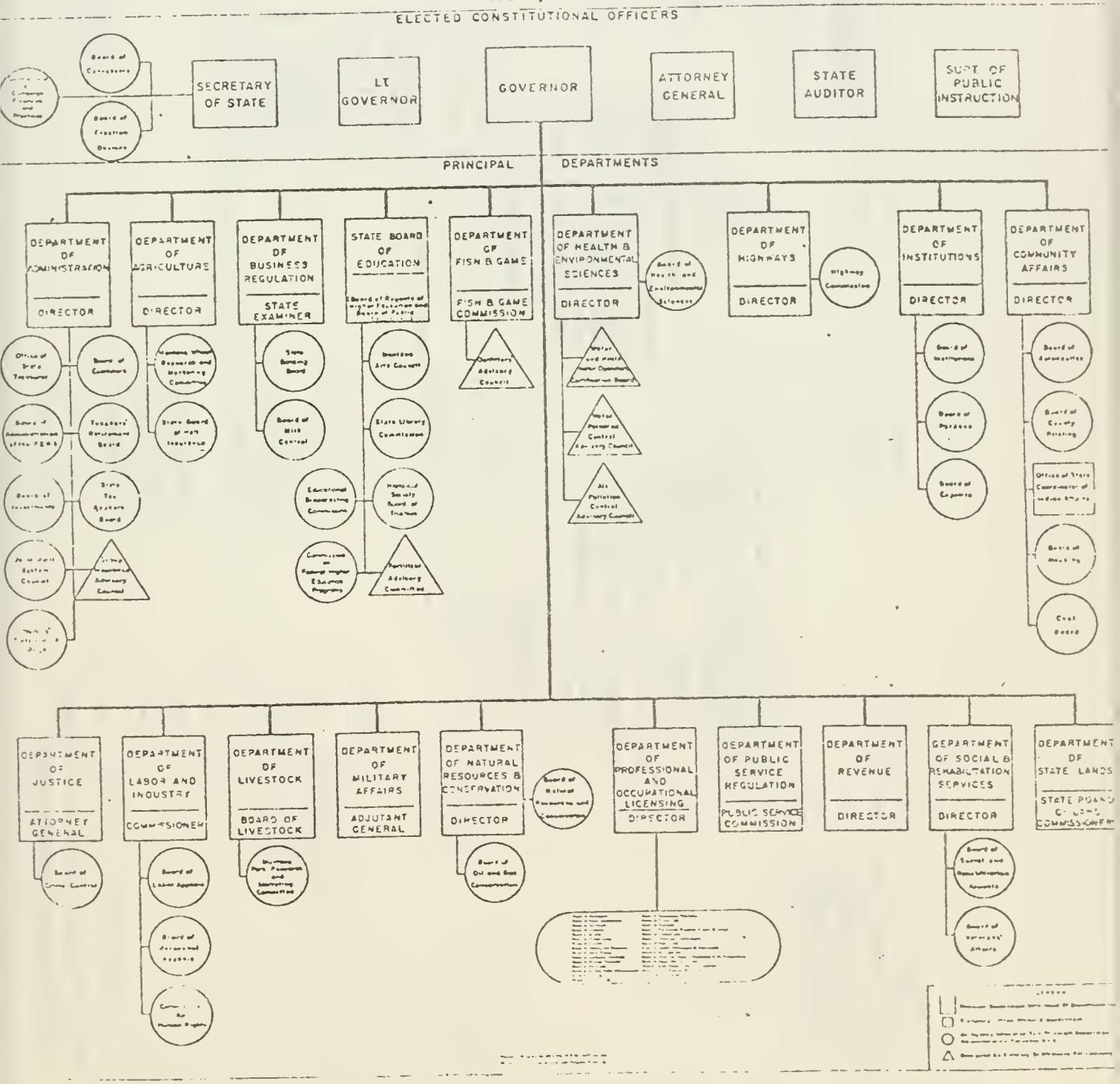
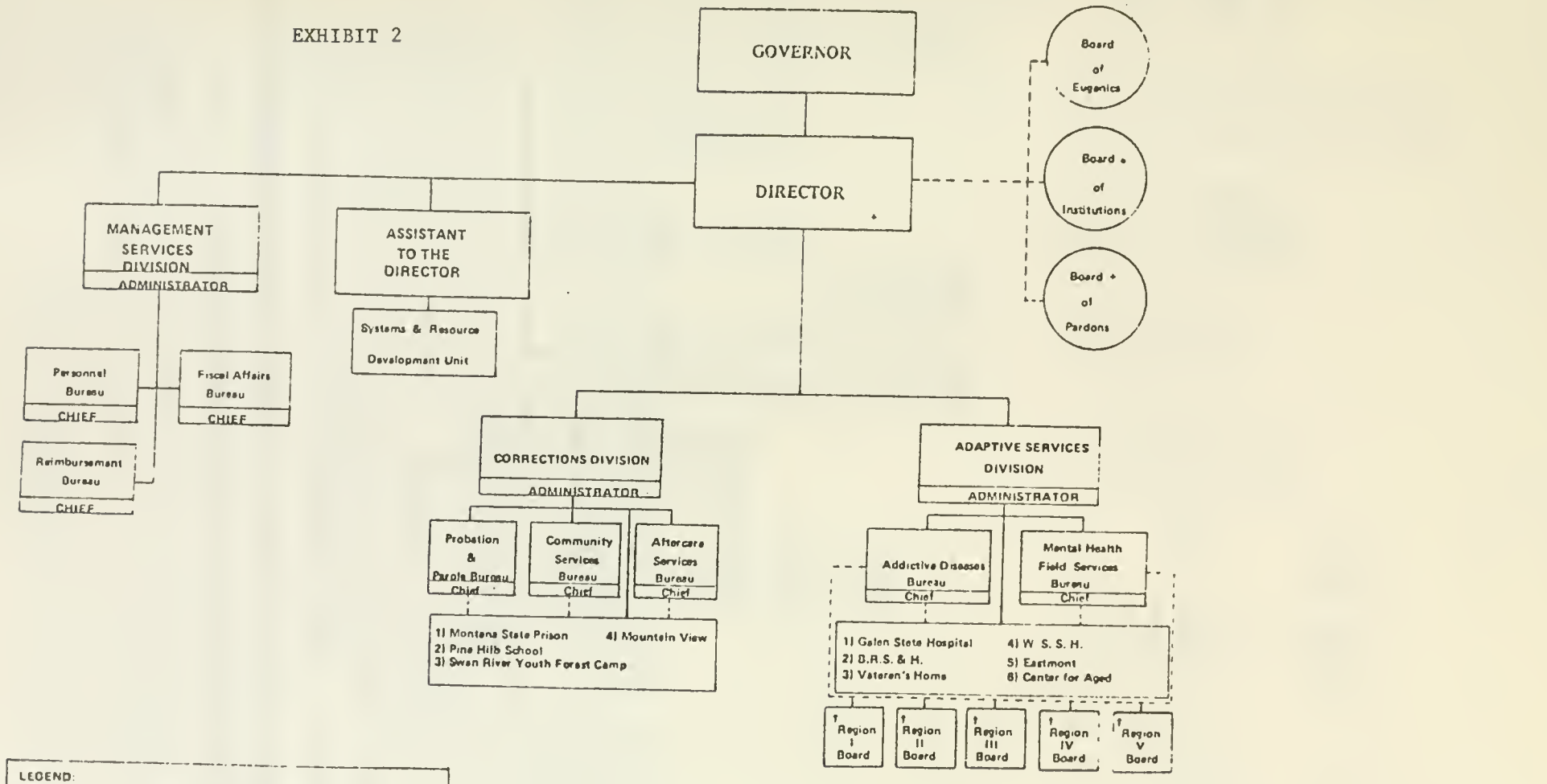


EXHIBIT 2



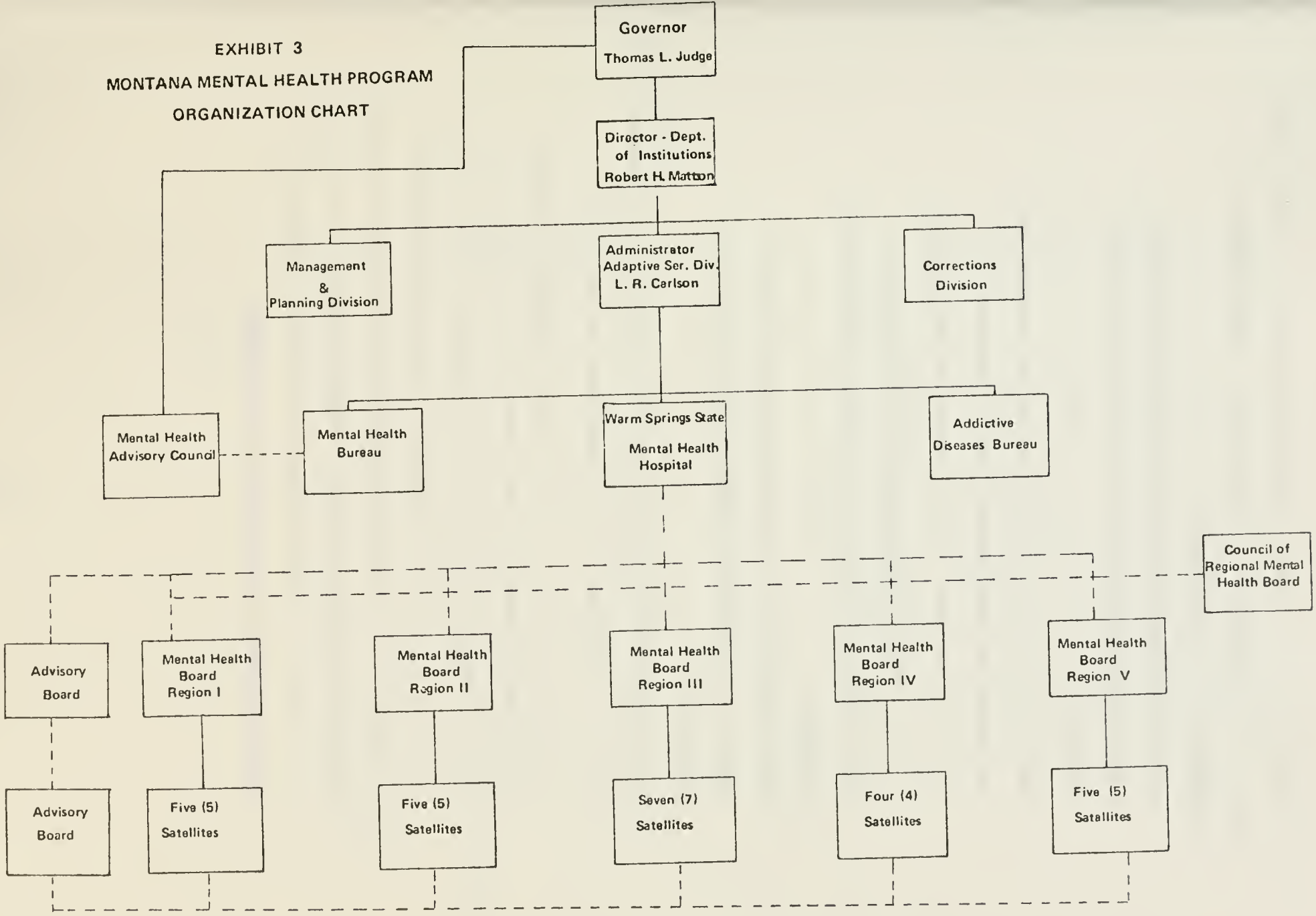
LEGEND:
○ - Quasi - Judicial Boards attached for Administrative purposes.
• - Designates Advisory responsibility.
+ - Designates rule making authority.
† - Regional Mental Health Boards created by State Statutory Authority; These non-profit corporate entities are attached to the Department via performance contract in providing Mental Health and Addictive Disease services.

ORGANIZATION CHART
DEPARTMENT OF INSTITUTIONS
Submitted by: Robert H. Mellson
Dr. Hubert H. Mellson, Director
Approved by: Thomas L. Judge
Thomas L. Judge, Governor
July 1976

EXHIBIT 3

MONTANA MENTAL HEALTH PROGRAM

ORGANIZATION CHART



2. The Chief of the Mental Health Field Services Bureau, Mr. Philip Powers, M.S.W., will be responsible for supervision of the following State central office functions:

-Facilitate provision of community-based mental health services through provision of technical assistance and training.

-Coordinate an annual review of the mental health program and revise the Mental Health Plan as necessary.

-Develop and implement standards for maintenance and operation of mental health programs and facilities.

-Conduct program evaluations to determine compliance with standards.

-Make recommendations to the Administrator of ASD for approval of funding for community mental health center operations.

Each function of the Mental Health Field Services Bureau and relevant legal or regulatory references are more fully described as follows:

a. Facilitate provision of community-based mental health services through coordination with five regional mental health boards. The State mental health authority is required to insure prevention of mental illness and elimination of inappropriate institutionalization (R.C.M. 1947, Chapter 28) through statewide supervision of federally required services. Technical assistance and training will be provided to each regional mental health program with special emphasis on compliance with standards.

b. State Plan

In compliance with P.L. 94-63, and R.C.M. 1947, Chapter 28, the Department of Institutions shall prepare and maintain a comprehensive plan based on an assessment of need for development of statewide public mental health services. The Mental Health Field Services Bureau shall participate in and coordinate annual review and plan revisions (see below).

c. Standards for Maintenance and Operation

The State mental health authority is required to prescribe and provide enforcement of minimum standards for maintenance and operation of mental health programs and facilities including community mental health centers (P.L. 94-63 and, R.C.M. 1947, Chapter 28). The Mental Health Field Services Bureau will be responsible for development and maintenance of standards.

d. Evaluation

Along with development of standards, the Mental Health Field Services Bureau will implement procedures for (P.L. 94-63 and R.C.M. 1947, Chapter 28):

-determination of compliance with standards including enactment of legally enforceable penalties for non-compliance.

-performance of administrative appeals of enforcement actions.

-performance of periodic review and revision of standards at least every five years.

-publication of proposed modifications to existing standards for review and comment at least 30 days prior to adoption.

-preparation of reports to the United States National Institute of Mental Health about the nature and degree of program deficiencies. Reports will include status of enforcement action of noncompliance with established standards for projects approved under the Community Mental Health Centers Act.

e. Funding

The Mental Health Field Services Bureau shall make recommendations to the ASD Administrator for allocation of State General Funds based on assessment of mental health needs and performance of mental health programs (Montana House Bill 289).

3. The Chief of the Addictive Disease Bureau, Mr. Michael Murray, B.A., will be responsible for overall coordination and planning of statewide drug and alcohol programs. Mr. Murray will work closely with Mr. Powers in consolidating, where feasible, local drug, alcohol and mental health treatment programs.

4. The Superintendent of Warm Springs State Hospital (WSSH), Harry Xanthopoulos, M.D., will be responsible for administration of institutional care to the mentally ill. Supportive services provided at WSSH include:

-individual and group therapy

-occupational therapy

-recreational therapy

-industrial therapy

-educational counseling and training including academic and vocational-technical

-music therapy

-full medical care

In addition, WSSH personnel, through contracts with the five Regional Mental Health Boards, coordinate aftercare and followup services for discharged patients.

5. As of July, 1975, local community mental health centers (CMHC) were empowered to become private non-profit corporations separate from direct State agency affiliation. Present legal authority of CMHCs is outlined in Sections 80-2801 through 80-2806, R.C.M. 1947 as amended by Montana Senate Bill No. 378 on July 1, 1975. In the same law, the Department of Institutions was empowered to contract with regional mental health corporations for the purpose of the prevention, diagnosis and treatment of

mental illness.' In line with this sanction, the department has chosen to contract with five regional mental health boards for provision of the following services:

-Inpatient: provision of 24-hour short-term care and evaluation typically provided in a medical setting.

-Outpatient: provision of group and individual therapy on a regularly scheduled basis.

-Day Care and Partial Hospitalization: provision of less than 24-hour care or partial hospitalization during nights, evenings, or weekends.

-Emergency: provision of immediate mental health care and evaluation for persons in crisis on a 24 hour a day basis. Service is provided on a face-to-face and crisis telephone basis.

-Children and Elderly: provision of a full range of diagnostic, treatment, liaison and followup services with special attention to these age groups.

-Alcohol and Drugs: provision of a program for prevention and treatment of drug abusers and alcoholics.

-Transitional or Halfway Houses: provision of residential treatment to individuals released from institutional care who, in the absence of such facilities, would require inpatient services. This service fosters gradual, phased return to community living.

-Aftercare or followup: establishment and maintenance of contact with persons discharged from institutions in order to maintain treatment.

-Screening and diagnosis: provision of diagnostic evaluations for courts and other public agencies with persons who are being considered for referral to State mental health facilities. Such screening is also performed for current institutional residents to insure appropriateness of placement.

-Consultation and Education: provision of training and assistance to a wide range of individuals involved with mental health services, including health professionals, schools, courts, state and local law enforcement, members of the clergy, public welfare agencies and other appropriate entities. The governing boards of the mental health centers are mandated by law (R.C.M. 1947, Chapter 28 - 80-2804(2) to be comprised of county representatives designated by the county commissioners for a period of two years. Advisory boards, in addition, are appointed to assist the governing board and staff in assessing community needs, planning, policy making and overall representation of diverse community interests.

GOVERNOR'S ADVISORY COUNCIL

Designation and Role

Governor Thomas L. Judge appointed the Montana Mental Health Advisory Council in July, 1974, to "conduct a thorough study of the current and probable future problems, needs and opportunities the government of the State of Montana will experience in the field of mental health in the next five years, and present its findings, conclusions and recommendations to the Legislature and the Governor, as mandated by legislative resolution" H.J.R. 66.

The Council conducts one two-day meeting per month. Records are kept of attendance and content of Council meetings. Council activities include:

-Inspections of Warm Springs State Hospital, Galen State Hospital, Boulder River School and Hospital, Eastmont Training Center, Pine Hills School, Mountain View School, Eastern Montana College/Center for Handicapped Children, and several regional Mental Health Centers.

-Public hearings, solicitation of public testimony and public education.

-Assessment of State and other institutions regarding inappropriate placement, and deinstitutionalization.

-Analysis of State statutes and development of suggested revisions.

-Review of present and potential funding mechanisms.

-Discussions of mental health problems of children.

-Consideration of screening and evaluation procedures and services.

-Development of mental health goals and objectives.

-Comparison of Montana problems and programs with those of selected other states.

-Review of selected current prevailing literature.

-Development of liaison with State agencies; Federal, State and local advisory councils and committees; consumer organizations; and professional associations.

-Discussion of prevention, educative techniques and the role of public schools in mental health.

It is expected that the document containing the findings, conclusions and recommendations of the Council will be submitted to the Governor by December, 1976, and to the Legislature by January, 1977.

In January, 1976, the Council accepted an invitation from the Department of Institutions to add to Council responsibilities an advisory function for the Division of Adaptive Services, Mental Health Field Services Bureau. Additionally, the Council has agreed to meet with the Mental Health Field Services Bureau staff, quarterly, for the purpose of;

-Assisting in the assessment of needs for mental health services.

-Participating in the annual review and updating of the State plan.

-Reviewing implementation progress of the State Plan as compared with stated objectives.

The goals and objectives as stated in the Comprehensive Mental Health Services State Plan were submitted to the Council on April 29, 1976. The Council has responded with detailed comments and recommendations. To the extent possible and known, the stated goals and objectives include the preliminary findings and recommendations which will appear in the Council's report to the Governor and the Legislature.

Composition

The Montana Governor's Mental Health Advisory Council has fifteen (15) members, of which 60% are non-providers of mental health services, and 40% are direct or indirect service providers. As shown on Exhibit 4 on the following page, the Council members originate from each of the five regional catchment areas, and include representatives from the following groups:

-Consumers, including clients and their families.

-Providers of mental health services.

-Non-government organizations and groups.

-State agencies.

Although the final authority rests with the Governor, two additional members are tentatively appointed to the Council to comply with Federal requirements. A Native American and a youth will represent their respective groups. The final decision will be made during December, 1976.

REPORTS

The Department of Institutions will make such reports in such form and containing such information as the Secretary of the Department of Health, Education and Welfare, may from time to time, reasonably require. The Department will keep such records and afford such access thereto as the Secretary may find necessary to assure the correctness and verification of such reports.

In addition, the Department of Institutions and regional community mental health centers will retain a file for a period of at least one year beyond participation in the program all documents, accounting records, and control related to any expenditure and will take such steps as are necessary to assure that sponsors retain for a period of at least two years after payment of Federal funds, all financial records and documents related to expenditures for the project.

EXHIBIT 4

MONTANA MENTAL HEALTH ADVISORY COUNCIL

NAME	CLASS	GEOGRAPHIC		OCCUPATION	SPECIAL GROUP REPRESENTATION
		REGION	RESIDENCY		
1. Gary R. Marbut, Chairman	1 & 3	5	Missoula	Rancher/Former Legislator	Developmental Disabilities Advisory Council
2. Gay Ashton	1 & 3	4	Helena	Citizen Advocate/R.N.	Mental Health Association
3. John Dodd, Ed. D.	1 & 4	3	Billings	College Professor/Special Education	Eastern Montana College Mental Health Association Council for Exceptional Children American Association for Mental Deficiency American Personnel & Guidance Association Association for Children with Learning Disabilities Board Regional Services for Developmental Disibilities
4. Artis A. Zody	1 & 3	1	Glendive	Farmer/Former Legislator	Association Retarded Citizens Glendive Mental Health Advisory Board State and Local Association for Retarded Citizens Chairman of Montana D.D. Advisory Council
5. Robert S. Keller	1 & 4	5	Kalispell	Judge	District Court/Montana Bar Assoc.

1- Representatives of consumers, including clients and their families
2- Provider
3- Representatives of non-government organizations of groups
4- Representatives of State agencies

EXHIBIT 4 (continued)

MONTANA MENTAL HEALTH ADVISORY COUNCIL

NAME	CLASS	GEOGRAPHIC		OCCUPATION	SPECIAL GROUP REPRESENTATION
		REGION	RESIDENCY		
6. Jane K. Edwards	2 & 4	4	Warm Springs	Nurse	Warm Springs State Hospital
7. Evelyn B. Nikolaisen	2 & 3	4	Helena	Insurance Adjustor	Blue Shield/Mental Health Assoc.
8. Helen M. Huennekens	2 & 3	3	Billings	Mental Health Worker	South Central Mental Health Center
9. Donald L. Harr, M.D.	2 & 3	3	Billings	Private Practising Psychiatrist	A.P.A. - I.P.A. Montana Chapter - M.M.A.
10. Victor J. Beneventi	2 & 3	4	Helena	Counsellor	Carroll College
11. Patricia Gesek	1 & 3	5	Whitefish	Consumer	Western Mental Health Center Advisory Board
12. Jack Carver	2 & 4	4	Helena	Administrator	Social Rehabilitation Service Dept.
13. Jim Johnson	1 & 3	4	Butte	Lawyer	Legal Services Assoc./M.H. Assoc.
14. William Warfield	1 & 3	4	Livingston	Rancher/Former Legislator	Southwest M.H. Center Advisory Board
15. Senator Michael T. Greely	1 & 3 & 4	2	Great Falls	State Senator/Lawyer	Legislature/Northcentral Mental Health Center Advisory Board

1- Representatives of consumers, including clients and their families
2- Provider
3- Representatives of non-government organizations of groups
4- Representatives of State agencies

ANNUAL REVIEW

The Department of Institutions views the review and planning process as continuing series of activities resulting in regular plan assessment and revision. On at least a quarterly basis, the Mental Health Field Services Bureau will review progress in achieving plan objectives and prepare a progress report to be distributed to Department management, the State Mental Health Advisory Council and Regional Mental Health Boards. As part of the report, revised objectives or due dates for completion may be necessary depending on identified constraints to achieving expected results. As noted in Section III of this plan, objectives are a combination of expected program changes such as shifts of populations from institutional to community based programs, and administrative changes resulting in increased state agency capacity to monitor program operations. It is believed by the Department that the former will be difficult to achieve in the near term as documented in Section III. However, achievement of both types of objectives will be monitored to report statewide accomplishments. On at least an annual basis, a summary of these reports along with the following year's revised program objectives will be made public by distribution to the mental health Advisory Council and Regional Mental Health Boards. Further, notification will be placed in all major state newspapers notifying the public of the location of the mental health plan. Results of public comment and annual plan revisions will be submitted to NIMH on an annual basis.

Along with Quarterly status reports, the Department plans to implement two additional review procedures to monitor program effectiveness and program compliance with Federal and State requirements.

Program Effectiveness

Monthly reports are presently received from CMHC's displaying in part the following information:

-number of clients served by service

-total number of interviews

-number of admissions

-number of terminations

While this information is helpful to assess overall program participation, it does not allow for assessment of average duration of service given to clients nor average frequency of contact per client. State agency personnel believe that statistics about frequency of contact and duration of service provision indicate relative effectiveness of outcome of services. Programs which, on the average, provide services to each client often (at least once per week) and those who maintain a client in active status for 3 months or longer are relatively more effective than programs seeing clients once every one or two months or maintain clients in active status for only one month. To determine comparative program performance levels, all CMHC's and satellites have been required to submit to the Mental Health Field Services Bureau additional information as follows:

Frequency of face-to-face
Client/program contact (by service type)

Contacts per month	Number of clients	Percent of all clients served
1 - 3	XX	%
4 - 6	XX	%
7 - 9	XX	%
10+	XX	%
TOTAL	XX	100.0

Duration of Client Contact
by service type

Months active	Number of clients	Percent of all clients served
less than 1	XX	%
1 - 3	XX	%
4 - 6	XX	%
6 - 9	XX	%
10+	XX	%
TOTAL	XX	100.00

Detailed instructions have been issued to CMHC's for recommended record keeping systems and definitions of client contacts to be reported.

Program Compliance

The Department of Institutions plans to establish an organizational unit within the Mental Health Field Services Bureau to conduct annual site visits to evaluate mental health program compliance with State and Federal standards.

Results of evaluations will identify areas for the technical assistance and eventually become the basis for program accreditation. The evaluation process will focus on at least four functional areas as outlined below:

-organization - to include the role of the Board of Directors and Community Advisory Committees, coordination with other human service agencies, procedures used for self-evaluation and use of policy and procedure manuals for staff direction.

-personnel - to include policies and procedures, staff performance evaluation and training programs.

-fiscal - to include budgeting, billing process, and overall control of revenues and expenditures.

-client treatment - to include case record documentation, systems for pre-admission screening and followup on discharged clients, suitability of facilities, hours of operation, and verification of statistical reports described above.

This evaluation process will include submission of a written report of findings to Regional Boards and program management, which outlines strengths, weaknesses and recommendations for corrective action. A formalized response outlining proposed action steps to correct deficiencies and milestones for completion will be required from program management.

Results of additional reporting requirements and program evaluations will be included in the annual state agency report for review and revision of the Mental Health Services Plan.

PERSONNEL ADMINISTRATION

Personnel Standards

Methods of personnel administration have been established and will be maintained in the State agency in conformity with the Standards for a Merit System of Personnel Administration, 45 CFR, Part 70, and any standards prescribed by the U.S. Civil Service Commission pursuant to the Intergovernmental Personnel Act of 1970. Citations of applicable State laws, rules, regulations and policies which provide assurance of conformity to Federal Merit System Standards and to any standards issued by the U.S. Civil Service Commission are attached for review and determination of adequacy (Attachments 2 and 3). Amendments to this list of citations will be submitted as necessary.

Nondiscrimination

The State agency, State Advisory Council, and Community Mental Health Centers comply with non-discrimination policies for services and employment as stated in Title VI of the Civil Rights Act of 1964 (42 USC 2000D; 78 Stat. 252), the 1972 Montana Constitution, and Title 69 of the Revised Codes of Montana, 1947. (See Attachment 4)

Affirmative Action Plan

The State agency is developing an affirmative action plan to assure equal opportunity in all aspects of personnel administration as specified in 45 CFR 70.4. The plan will provide for specific action steps and timetables to ensure equal opportunity. The plan will be available for review upon request. In addition, future contracts with providers for mental health services will require provision for developing affirmative action plans which outline appropriate implementation procedures.

Conflict of Interest

In compliance with Montana Law, 59-501 R.C.M. 1947, no full-time officer or employee of the State agency, or any firm, organization, corporation, or partnership which such officer or employee owns, controls or directs shall receive funds from any applicant directly or indirectly for payment for services provided in connection with the planning, design, construction, equipping or operation of any projects funded under the Community Mental Health Centers Act. Further, future contracts with Community Mental Health Centers will specify such compliance. (See Attachment 4).

STATE PLAN ADMINISTRATION FUNDS

The single state agency for administration and supervision of Mental Health programs including construction of community mental health facilities is the Department of Institutions (see Attachment 1). Methods for administration of federal funds under section 314(d) of the Public Health Services Act (the Act) and section 227 part C for facilities assistance are as follows.

Section 314(d)

Presently the Department of Institutions is allocated 15% of federal funds received under Section 314(d) of the Act. The remaining 85% is administered by the Montana Department of Health and Environmental Sciences for statewide health services. The mental health portion for FY'77 is $82,800. These funds have been distributed as follows:

Central Mental Health Administration - $24,840 (30%)

Regional Mental Health Boards - $57,960 (70%)

Methods used for allocation and administration of funds to regions are:

-Regional Mental Health Boards are notified about availability and amounts of 314(d) funds.

-each Regional Board submits a proposal for use of funds to the Mental Health Field Services Bureau for Bureau and Department management review.

-Based on results of review, funds are allocated among regions.

-Contracts are written with each region to specify state and federal expenditure and program requirements.

-Monitoring of contracts is performed by the Bureau on an annual basis, including on-site visits along with Federal NIMH staff.

227 Part C - Facilities Assistance Funds

Should federal funds for mental health facilities assistance become available for fiscal year 1977, the Department will request 5% of those funds to assist in administration of the State Plan. The first application for funds will show the amount requested for administration and a categorized listing and explanation of federal and state funds to be used for administration of facilities development projects. Expenditures of state funds for this purpose in fiscal year 1968 were $2,000 (see Attachment 5). Further, not later than 60 days after the end of each fiscal year during which these funds have been expended, the chief of the Mental Health Field Services Bureau shall certify that federal funds for administration of facilities projects development have been utilized in accordance with the Act. A statement of actual expenditures by source and type will be included.

Methods used to distribute funds will be:

-Regional Mental Health Boards will be notified about availability of facilities assistance funds under Section 227 part C of the Act.

-Application for use of funds will be reviewed by the Mental Health Field Services Bureau and Department of Institutions management along with the Mental Health Advisory Council. A factor for approval of applications will be consistency with overall goals and objectives of the Montana Mental Health Services Plan.

-Applications recommended for approval will be reviewed and approved by the Facilities Assistance Advisory Board of the Department of Health and Environmental Sciences.

III

MONTANA COMPREHENSIVE MENTAL HEALTH PROGRAM

PRESENT STATUS

This section of the Plan is a general overview of the evolving Montana Mental Health Program. Over the past eight years there has been an increase in community-based mental health services. Programs have changed from the mental health clinic concept with services located only in major cities to a regional mental health center concept with mental health services offered in most counties.

The centers are progressing toward services to a much wider array of disordered persons on a local basis. However, the change is not complete. Further improvements are required to insure uniform and accessible mental health services statewide. Services are not uniform due to differences in regional funding, population, and staffing patterns. Services are not as accessible as they might be as several counties are not financially participating in mental health programs. In addition, several required services such as day care, children's services and transitional care are provided in only a few counties with some regions not providing these services at all.

Another significant change in Montana mental health services is the purpose of the State Mental Hospital. The current trend in the institutions is away from custodial and toward therapeutic patient care.

The concept of therapeutic patient care is the essence of modern milieu therapy and an early return of patients to the community when possible. This is primarily due to a growing awareness by the State Legislature and other interested persons of the dangers associated with prolonged hospitalization and an increasing disposition to seek other

ways of dealing with mental illness with community-based rather than institutional services. By virtue of short-term therapeutic care, patients are likely to be better able to fit back into their normal social roles and often they will receive subsequent treatment at a mental health center. Improvements are also now being made in pre-admission screening to alleviate inappropriate placement of persons with mental illness; and in diagnostic evaluation to deinstitutionalize inappropriately placed persons into less restrictive alternatives.

Overall, Montana is progressing in developing a responsive mental health program. However, as summarized below, during the next five years a significant amount of work is yet to be accomplished.

Statistical Overview

During the plan preparation process, Mental Health Field Services Bureau personnel performed a survey of existing mental health programs and facilities. The survey was limited to identifying the extent and nature of present regional mental health programs. No attempt was made to assess adequacy of regional operations in meeting the needs of current service populations. Rather, the purpose of the survey was to gain a broad perspective about the location of present facilities, services offered and volume of present populations living in counties which had some capacity for service provision. As part of the Mental Health Services Plan, action steps have been identified for the next few years which are intended to more fully assess patient utilization of present programs. This will allow for more in-depth analysis of needed improvements and resources to insure quality services. For the present planning effort, by identifying which services are available to regional populations, an overall analysis was done to determine priorities for new and expanded programs. Priorities were established based on two factors:

-The presence or lack of specific facilities or programs concentrating on target groups, and

-Discussions with regional mental health center staff about the nature and quality of present services.

Exhibit 5 on the following page summarizes results of the mental health resource survey. Obviously, because services are available

EXHIBIT 5

PERCENT OF POPULATION LIVING IN COUNTIES
WITH SERVICES AVAILABLE IN THE COUNTY

SERVICES	REGIONAL MENTAL HEALTH CATCHMENT AREAS				
	I	II	III	IV	V
INPATIENT CARE (Psychiatric beds and Mental Health Services available in general hospital. Inpatient psychiatric units in general hospital.)	95%	95%	97%	100%	98%
OUTPATIENT CARE	63	98	95	84	98
PARTIAL HOSPITALIZATION	27	57	74	44	38
EMERGENCY SERVICE	38	69	74	51	63
CONSULTATION/EDUCATION	63	89	95	64	98
SPECIAL SERVICES TO ELDERLY	16	-	53	-	-
SPECIAL SERVICES TO CHILDREN	12	56	66	-	37
ALCOHOLISM SERVICES	87	82	78	84	83
DRUG ABUSE SERVICES	-	-	65	73	-
TRANSITIONAL CARE (Community based residential treatment)	-	-	8 beds	-	4 beds
AFTERCARE to discharged patients from WSSH	63	89	95	64	98
Preadmission screening for referral to WSSH	63	89	95	64	98

within a county does not necessarily mean that services are adequate to meet needs of the resident population. These data only indicate that some services are more available than others and suggest priorities for expanded programs.

The following summary describes in more detail present status of each service component of the Montana Mental Health Program. The summary includes:

1. pre-admission screening;
2. alternatives to hospitalization;
3. Warm Springs State Hospital; and
4. follow-up care.

Pre-Admission Screening

To eliminate inappropriate placement of persons in the Warm Springs State Hospital, the Forty-Fourth Legislature of the State of Montana passed legislation effective July 1, 1975 to provide for determination and treatment of the seriously mentally ill and those suffering from mental disorders. This legislation parallels Federal Public Law 94-63 as it addresses the elimination of inappropriate placement in institutions of persons with mental health problems.

As defined in R.C.M. 1947, Chapter 13, Section 2, 38-1302(13), "seriously mentally ill' means suffering from a mental disorder which has resulted in self-inflicted injury or injury to others, or to the imminent threat thereof; or which has deprived the person afflicted of the ability to protect his life or health. No person may be involuntarily committed to a mental health facility nor detained for evaluation or treatment because he is an epileptic, mentally deficient, mentally retarded, senile or suffering from a mental disorder unless the condition causes the

person to be seriously mentally ill within the meaning of the Act."

An effective screening program should have at least two major foci; community education and liaison, and patient evaluation. Through community education and liaison, the regional mental health centers should notify courts and other relevant public agencies of the availability of the screening service and the design of legislation pertaining to commitment. The patient evaluation process should be available to any appropriately identified person in the community and should be based on the most comprehensive assessment practicable.

Pre-admission screening is the mechanism by which a person is appropriately placed in the State Hospital or referred to a community-based treatment program. Community mental health centers are required to provide assistance to the courts and other public agencies in screening catchment area residents who are being considered for referral to the State Hospital in order to determine the appropriateness of such referral. Screening is also designed to identify persons for whom treatment through the center is an appropriate alternative to institutional care. Because it is apparent in R.C.M. 1947, Chapter 13, the courts should utilize the community mental health centers for screening persons prior to commitment to Warm Springs State Hospital, a meeting was held in June, 1975 for persons who would be directly involved with the commitment process. Specifically, the focus of the meeting was to inform judges, lawyers, and mental health personnel of appropriate entry procedures into Warm Springs State Hospital. While these early efforts have begun the implementation of R.C.M. 1947, Chapter 13, more work is required

in consultation and education of judges and attorneys. At present, courts continue to by-pass mental health centers and commit persons to the State Hospital for 45-day court evaluations. Courts also frequently send persons directly to the State Hospital for 72-hour evaluations, even though the intent is clear in R.C.M. 1947, Chapter 13, Section 1305 (4-8) that a professional person should perform an initial interview (not to exceed four hours) in order to determine if a 72-hour inpatient evaluation and treatment is warranted. Recent trends in admission statistics indicate that while emergency and involuntary commitments have decreased, court referrals have increased (See Exhibit 6).

WARM SPRINGS STATE HOSPITAL ADMISSION DISCHARGE STATISTICS
1975-1976

TYPES OF ADMISSIONS	Fiscal Year 1975 REGIONS I	II	III	IV	V	TOTAL	Fiscal Year 1976 REGIONS I	II	III	IV	V	TOTAL
First Admissions	12	42	37	117	55	263	18	44	23	78	30	193
Re-Admissions	20	40	23	139	59	281	14	34	29	100	48	225
Others	34	98	93	335	116	676	49	79	45	253	72	498
Placement returns												
KINDS:												
Court Order	18	42	34	62	32	188	24	28	24	54	48	178
*Court Order Evaluation							5	13	2	11	15	46
Emergency	10	18	16	105	58	207	4	2	2	11	6	25
Transfer	3	0	3	35	0	41	0	1	4	1	0	6
Voluntary	27	83	40	309	99	558	34	84	42	317	54	531
Involuntary	8	37	60	80	41	226	14	29	23	37	27	130
TOTAL ADMISSIONS	66	180	153	591	230	1220	81	157	97	431	150	916
Discharges												
Discharges	24	56	47	201	88	416	20	73	57	163	60	373
Home Visit - CVL - AWOL												
Home Visit Placement	37	119	99	370	131	756	71	98	37	283	101	590
Death												
Transfer	14	18	14	36	19	101	10	12	24	47	16	109
TOTAL RELEASES	75	193	160	607	238	1273	101	183	118	493	177	1072
IN HOSPITAL CENSUS												

*Court Order and Court Order Evaluations were listed Separately beginning April, 1976.

Source:
Daily W.S.S.H. admission and Discharge Sheets

During the first eight months of 1975, 188 persons were referred by the court to Warm Springs State Hospital, however during the same eight months of 1976, 224 persons were referred. On the other hand, emergency and standard commitments represent the impact of the Regional Mental Health Centers and the new commitment laws as emergency commitments decreased from 207 to 25 and involuntary commitments decreased from 226 to 130 persons.

In addition to the above mentioned problem area, Warm Springs State Hospital has not been able to maintain a consistent admission policy as stated in R.C.M. 1947, Chapter 13, Section 3, 38-1303(2). Thus, persons continue to commit themselves to the institution without proper screening. Inappropriate placement of persons in Warm Springs State Hospital are costly to the county of residence, and often infringe on the person's rights and human dignity.

Finally, there is only one identifiable, regional screening unit in the state. The unit is located in Region V, Missoula and opened in late February, 1976. It is a pilot project funded by 314(d) monies. (Grants to states for public health services - Section 314(d) Public Health Services Act, July 1, 1968 as amended.) The project includes a screening team consisting of a psychiatric social worker who is acting director, a psychologist whose function is training, part-time help from the staff psychiatrist, and senior and graduate students from the University of Montana who are enrolled in psychology, social welfare, and law. Stipends have been allowed to two graduate psychology students and to three social welfare students. Lectures have been given to the law school students by the psychologist trainer in regard to the State Commitment Law. Also, the Law School and the Mental Health Center jointly sponsored a workshop for lawyers, district and city judges, parole and probation

officers, Warm Springs State Hospital personnel, clinical psychology department personnel, and staff from the Regional Mental Health Center. The workshop received publicity from radio and news releases in the local newspaper. Although the original contract called for doing 90 evaluations in calendar year 1976, 106 were done from March 1 - August 31,'76 leading to an estimate of 200 for calendar year 1977.

Thus, there is an apparent need for at least one screening unit in each region to do comprehensive assessments for persons with mental problems. It is essential that the professionals responsible for these assessments have appropriate training and experience, given the range of situations which may confront them.

In summary:

-Courts seem reluctant to use mental health centers for pre-admission screening.

-Warm Springs State Hospital has not been able to maintain a consistent admission policy in accordance with R.C.M. 1947, Chapter 13.

-Need for improved screening procedures in four of the five regions.

Alternatives To Hospitalization

Ideally, it is the Regional Mental Health Center's function to insure the availability and continuity of services for all persons with mental health problems and to mitigate hospitalization. It is currently within the realm of the center's capability to provide the original five (5) essential elements of service; inpatient, outpatient, emergency, partial hospitalization and/or day care, and consultation and education.

In addition to the five (5) original services, seven more service

elements have been mandated by PL 94-63, Section 201 (A-H). To reiterate, they are: children's services, services for the elderly, screening, followup care, transitional halfway houses, services for the treatment and prevention of alcoholism, and treatment and prevention of drug addiction and abuse.

In considering alternatives to hospitalization, the following narrative will summarize the status in Montana of both treatment and domiciliary programs for persons with mental health problems. For detailed descriptions of programs within each catchment area, see Appendix B.

Treatment

Inpatient Services

This service is designed to provide a therapeutic environment for persons with severe emotional problems who require 24-hour care. The thrust of inpatient care is to provide short-term, intensive treatment and/or evaluation in a humane manner which promotes and preserves the dignity of the patient. The focus of community mental health center inpatient units is active treatment, short stay, and carefully planned referral to the community with followup care and/or referral to the State Hospital if longer-term treatment is required. In general, inpatient service is utilized only when, and for so long as, other center services are not appropriate.

Regional mental health centers across the State have the capability of providing inpatient services with 95 to 100 percent of the State's population living in counties being served (See Exhibit 5). Overall, inpatient services are satisfactorily available in Montana. Results of

interviews with directors of regional mental health centers indicate that present local hospital bed capacity is not being used 100%.

As of May, 1976 four Regional Mental Health Centers employ full-time and three part-time psychiatrists (See Appendix A). Region II does not employ a psychiatrist but private psychiatrists and physicians can be called for emergencies. The psychiatrists play an important role as consultants to physicians in the satellites, local hospital staffs, and mental health center staff. During calendar year 1975, inpatient services were provided for 378 seriously emotionally disturbed persons. (State Mental Health Management Information System.)

Outpatient Service

This is the most widely used service in the regional mental health centers. It provides the necessary therapies for clients who can be maintained on this basis. Outpatient services are usually provided on a regularly scheduled basis. Clients are seen for non-scheduled visits during times of increased stress or crisis. Except for Region I, over 80% of the State's population are living in counties where outpatient services are available. Where resident satellite offices are not available, traveling staff members from neighboring counties visit once or twice a week.

It is not unusual for some centers to have waiting lists. This can be justified by lack of staff and number of admissions to service. For example, in calendar year 1975, there were 7,617 (State Mental Health Management Information System) admissions (new and reopened) to outpatient services across the State. Regional outpatient admissions were: Region I, 1976; Region II, 786; Region III, 1,789; Region IV, 1,051; and Region V, 2,015 (State Mental Health Management Information System). The number of interviews, including individual, group, and family, totaled 22,358 (State Mental Health Management Information System) for

this same time period.

Emergency Service

This service provides immediate health care and evaluation for persons in crisis on a 24-hour-a-day, seven-day-a-week basis. The regional mental health centers, at least in the regional central offices, have a mental health professional on call for either consultation or direct service, as needed.

The more populated communities have crisis telephone service manned by trained workers and/or staff members of the mental health center. A list of mental health professionals who are on call are available to the workers on the crisis telephone.

Also, it is not unusual for local hospitals or law enforcement agencies to call community mental health center professionals for emergency service. Most often, those individuals receiving emergency care are transferred to other services of the center, as their needs dictate.

Because of Montana's rural nature, emergency services are somewhat inadequate. This is due, in part, to the large geographical areas made up of several small cities and towns, with crisis telephone services located only in major cities. Persons residing in small cities and towns often are reluctant to call long distance for this service although some do use the service. However, professionals for the most part, located in the satellites are on call, but are not always available, to provide consultation and direct service for persons in a crisis situation.

Day Care and Other Partial Hospitalization Services

The five Regional Mental Health Centers are currently providing some day care services for persons with mental health problems. Persons in day care have been discharged from Warm Springs State Hospital, private hospitals, or referred by mental health centers and other agencies.

Day care service is designed to provide a therapeutic program for those persons who require less than 24-hour a day care, but more than outpatient care. This service has proven to be an effective transition between full-time care and return to the community in Montana.

The range of hours spent in weekly operation ranges from 78½ to 38½ per region. Accessibility is only available to an average of 48% of the State's total population as shown on Exhibit 5.

Partial hospitalization is basically lacking throughout Montana. Although it can be effectively tailored to meet a range of patient needs and reduce hospitalization, manpower and funds have limited this program. To date, night care and weekend care facilities are not available. There are centers which provide group therapy during evening hours to meet the needs of special categories of clients.

Consultation and Education

Again, this service is minimally provided across the State which is largely due to lack of professional staff and staff concentration on direct services. The Regional Mental Health Centers are providing some consultation and education (C & E) to schools, courts, law enforcement agencies, and health services delivery agencies. The Montana Association for Mental Health does address the general public on the nature of mental health problems and types of services available but suffers from insufficient chapter development to cover all parts of Montana. However, there is little provision of C & E designed to:

1. develop effective mental health programs for special target groups in the center's catchment area;
2. promote coordination of the provision of mental health services amont various entities serving the region;
3. increase the awareness of all residents in the regions regarding the nature of mental health problems and the types of mental health services available; and,
4. promote prevention and treatment of victims of rape.

In summary, on a statewide basis the above five original services are being provided. Inpatient services are adequate and a wide array of persons are seen on an outpatient basis. However, there is lack of uniformity and accessibility primarily due to staffing patterns, staff orientation, geography, and acceptance of mental health services by other agencies and the public. Some centers do, on occasion, have outpatient waiting lists. This problem could be alleviated by more staff in some regions, by extending office hours, and by utilizing more group therapy in lieu of individual therapy. For good emergency coverage, it may be necessary to establish more than one crisis telephone service in the catchment areas with telephone numbers listed in all the local directories serving the area. Day care services are not accessible or uniform and improvements should be made for this service. Although consultation and education services are available to most of the total population, there are gaps and areas which need improvement as pointed out in the above narrative.

Public Law 94-63, referred to as 1975 amendments to the Public Health Services Act, mandated provision of additional mental health services over the basic five previously discussed. As can be expected, Montana's Mental Health Program is currently undergoing revision to implement additional services. As described below, some regions have progressed further than others.

Specialized Services For Children

Children have always received care at Regional Mental Health Centers. However, due to the specialized nature of their needs, greater attention should be paid to programs for children.

There are special programs for children with emotional problems in two of the five regions. Regions I and III have children's grants to provide consultation and education to schools, day care services for children, and group therapy for parents. Outpatient services for children are available in all five Mental Health Center Central offices and 28 satellites. However, the centers are just beginning to have children's specialists on staff.

A full range of programs are needed to include children who are: abused and/or neglected; psychotic, delinquent; or are suffering from emotional disturbances or organic disorders.

There are two private residential homes for children in the State located in Missoula and Billings. A special unit is being developed for children's treatment at Warm Springs State Hospital. It is expected that this will be an interim until comprehensive children's services can be developed in the community.

The Community Mental Health Centers Act of 1975 stresses that a Regional Mental Health Center must devote a meaningful portion of their resources to addressing the needs of children. Services for children

should include the full range of services made available by the center, appropriately geared to the needs of children at different stages of development. Exhibit 5 displays a range of 0% - 66% of regional populations with available specialized children's services indicating this program to be a high priority for the next five years.

Specialized Services To Elderly

Programs for the elderly should address the full range of diagnostic, treatment, liaison, and followup services. Since for many elderly, opportunities for social contact are restricted, it is particularly important that followup services be carefully planned and implemented with the aim of maintaining therapeutic gains and reducing the impact of isolation.

Many elderly patients are being deinstitutionalized. The Regional Mental Health Centers are responsible for their placement and treatment. This service is being funded from a contract between the Department of Institutions and the Regional Mental Health Centers. There are few programs specifically for the elderly other than placing inappropriate located patients from Warm Springs State Hospital into nursing homes. As displayed in Exhibit 5, only two regions in the State have some form of specialized services available for the elderly.

Services For The Alcoholic

There are alcohol programs in the five regions but not on a uniform basis. Because alcoholism is a problem for many mental health clients, an effort is being made to coordinate the alcohol programs with mental health services by the Department of Institutions. Some Regional Mental Health Centers have good working relationships with alcohol programs

but there is need for more cooperation in most regions. The coordination-of-planning section of this plan contains a complete description of the conjoint effort between the Bureau of Addictive Diseases and the Mental Health Field Services Bureau to coordinate Regional Mental Health Centers and alcohol programs.

ADDENDUM I

Services For the Drug Abuser

Only Region IV has a comprehensive program for the prevention and treatment of drug abuse and drug addiction. During Fiscal year 1976, 391 clients were enrolled in the Southwestern Montana Drug Program with twenty-five percent (25%) of the caseload coming from small rural areas. Conservative estimate, by the Southwestern Montana Drug Program, of persons in Montana with drug problems is 1500. However, the number is probably closer to 3,000 drug abusers in the State. During Fiscal year 1976, the Mental Health Centers admitted 113 persons with drug problems for treatment (this figure includes primary and secondary diagnosis). The regional admissions are as follows:

Region	Admissions
I	15
II	15
III	32
IV	15
V	36

Regional Mental Health Centers are responsible to provide a service program for drug abusers if there is sufficient need for the program. An overall objective of the Adaptive Services Division is implementation of coordinated drug abuse, alcoholism and mental health service programs administered by Regional Mental Health boards. To date, most efforts at

coordinated drug abuse programs have been statewide training workshops for Community Mental Health Center Staff made available by the State Drug Abuse Treatment Agency. The future intent is for the Drug Abuse Treatment Agency to contract services with Regional Mental Health Centers for persons with drug problems.

Transitional Services (Community-Based Residential Treatment Facilities)

As displayed on Exhibit 5, only Regiona III and V have residential treatment facilities available for the mentally ill; together totaling 12 beds. Development of this service is probably the most urgent priority to maintain continuity of care for discharged institutional patients. New resources will need to be developed in communities to provide the very important transitional homes. It is a fact, that many patients would not have to live in the State Hospital if alternative living accommodations could be located near treatment services. Transitional homes will provide continuity of care to many deinstitutionalized Warm Springs State Hospital patients and will alleviate inappropriate placements into Warm Springs State Hospital.

To date, a licensure procedure for mental health transitional homes has not been finalized. Several meetings have been held with the Department of Health and Environmental Sciences, Division of Food and Consumer Safety Bureau. A strategy for drafting proposed legislation is being developed which will accomplish licensing standards for transitional homes. The group home located in Region III, Billings, has a temporary license and houses eight (8) deinstitutionalized persons from Warm Springs State Hospital. Initially, these persons were frightened and uneasy after 15 to 30 years of institutionalization. Currently, they are attending day care and the sheltered workshop and are making good progress in independent living skills. Other than in the Billings area, the remainder of Region III does not have residential facilities.

In region V, an independent boarding home is contracting with the mental health centers and providing care for five patients from Warm Springs State Hospital. In region II, the center has contracted with Salvation Army to provide care for 15 patients from Warm Springs State Hospital. In addition the Downtowner Hotel is working closely with the center and providing care for 5 patients. Region IV has recently opened its own group home with three patients from Warm Springs State Hospital admitted to date. In their budgeting requests for the coming biennium 15 additional group homes have been listed. The Department of Institutions will give these requests very high priority for state support. All of the regions are utilizing private nursing home facilities which are less than adequate for required care and supportive services.

The Center for the Aged, owned and operated by the Department of Institutions, is a long term care facility capable of providing skilled, intermediate A and intermediate B levels care and treatment for a resident capacity of 202 patients as prescribed by Title XVIII and Title XIX of Medicare.

The staff of 70 in number provides an open campus, home-like environment to residents who must, by law, be referrals from the State Mental Hospital at Warm Springs or Mental Health Centers and who must also be ambulatory and over 60 years.

Follow-up Care

The State Mental Health Authority is required to provide assistance to the Regional Mental Health Centers to facilitate follow-up care for residents who have been discharged from mental health facilities. This requirement is designed to assure adequate community support for those

no longer in need of inpatient care, with particular emphasis on the needs of patients discharged from Warm Springs State Hospital.

Under the terms of a specific cost-for-service contract between the 5 centers and Warm Springs State Hospital, each regional mental health center has delegated responsibility to a staff member(s) for followup care. Pre-discharge planning procedures are instituted at Warm Springs State Hospital involving the regional mental health staff member, Warm Springs State Hospital social workers, and the Department of Social and Rehabilitation Services. The team discusses patient needs and community resources and should submit a formal treatment plan. A formal treatment plan is preferred, but not necessary for patients released prior to May 13, 1976. After that date, a formal treatment plan is necessary for all discharged patients. The Department of Social and Rehabilitation Services has been, and is, involved in placements and other community referral mechanisms are utilized. The case management system is interlocked with the formal treatment plan and assures treatment and domiciliary needs are being adequately addressed for each discharged Warm Springs State Hospital patient who was a patient at the hospital on July 1, 1975. Evaluation and monitoring of the contract is done by the Mental Health Field Services Bureau.

The responsible centers in each catchment area in the state are Eastern Montana Community Mental Health Cntr. - Miles City, Northcentral Montana Community Mental Health Cntr. - Great Falls, South Central Montana Regional Mental Health Cntr. - Billings, Southwest Montana Mental Health Cntr.- Helena, and Western Montana Regional Mental Health Cntr. - Missoula. Their follow-up personnel are responsible for the follow-up procedures throughout the regional mental health center catchment area.

Patients from Warm Springs State Hospital, other than those under the Warm Springs State Hospital contract, are also provided services but less extensively.

Joint planning between the Department of Social and Rehabilitation Services, Division of Developmentally Disabilities and the Department of Institutions, Division of Adaptive Services, has spelled out criteria for provision of community services for the developmentally disabled who are presently at Warm Springs State Hospital.

Public Mental Hospital

R.C.M. 1947, Chapter 13 defines the process for entry into Warm Springs State Hospital by persons suffering from mental illness. The institution's primary concern is to provide inpatient care and intensive therapeutic treatment to persons with acute mental problems.

The institution has regionalized its facilities to correspond with the regions of the State. There are five regional units for patients committed from the catchment areas with special units for children, geriatrics, forensics, and the mentally retarded. (Exhibit 7 displays a schematic of hospital grounds and facilities). Region I patients are housed in the general hospital building (27,28,29). Units 66 and 67 are utilized for Region II patients. The Warren Building (41,42,43) houses Region III patients. Region IV patients are housed in Units 69,70, and 71 in addition to the Bolton Building (52,53,54,55) and Region V patients are in the Mitchell Building (33,34,35). These facilities consist primarily of large dormitory areas and some are in the process of or are scheduled to be remodeled to comply with Medicare/Medicaid standards. The Forensic Unit is a security building. Patients in this unit are usually court referrals who are sent to the institution for evaluation. At the present time, geriatrics patients are housed in the receiving building (1,2,3,4); a one-story building containing semi-private rooms, kitchen, and dining area. A new building was completed on October 26, 1976 for geriatric patients which meets Medicare/Medicaid Standards. The hospital and community mental health centers are in a joint venture to place all geriatric patients in community rest homes and nursing homes so that the geriatric population of the hospital will be reduced to only those for whom the hospital can provide a specialized service. Mentally retarded patients are primarily housed in the Mussigbrod Building (49,50,51). It is comprised of large dormitory areas and also includes individual areas on the second floor for patients who are dangerous to self or others. These

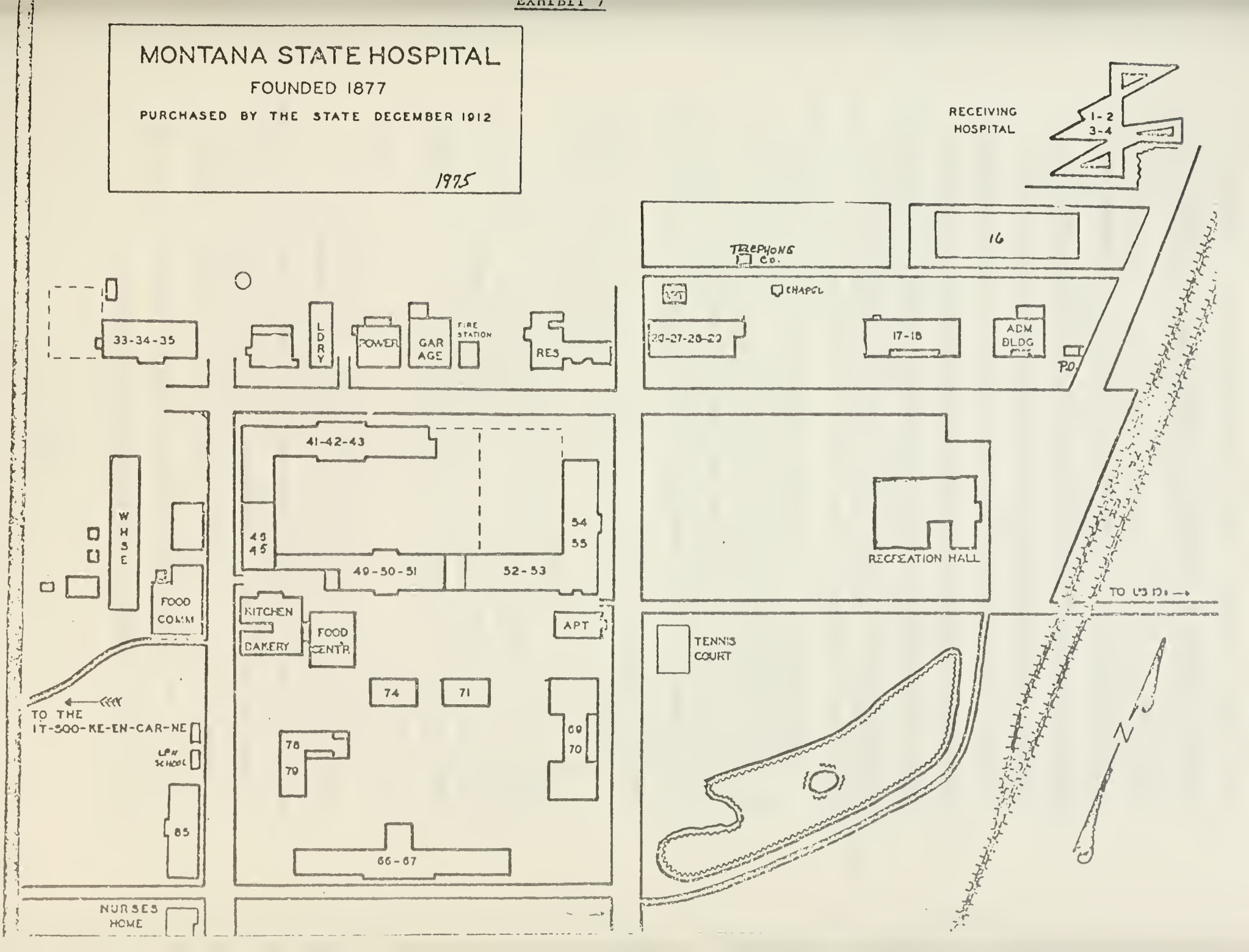
EXHIBIT 7

MONTANA STATE HOSPITAL

FOUNDED 1877

PURCHASED BY THE STATE DECEMBER 1912

1975



areas are also utilized for women court referrals who are committed for evaluation. Exhibit 8 displays the present population of residents for each program.

The hospital has set up its own reality orientation program and offers consultation and educational services to various regions including rest home and nursing home facilities in these areas. It is anticipated that with the introduction of reality orientation into many of our nursing homes and rest homes throughout the state a more viable program will be offered there for many geriatric patients. The hospital has traditionally had a large number of mentally retarded patients for whom the service provided has been primarily institutional care.

Since August 1976, an individual treatment plan has been devised for them with educational services being provided. It is expected that by October 30, 1976, an individualized diagnostic evaluation work-up will be completed with the expectation of transferring, as possible, to community services.

A children's unit opened July 15, 1976. Unit 85 has been remodeled for the children's program and is comprised of several four to six bed wards. It has a capacity of 38 with a population of 22, 16 male and 6 female as of September 13, 1976. This program is planned to be an interim service until comprehensive children's services can be developed in the community.

Each special unit within the hospital has a team consisting of a psychiatrist, psychologist, social workers, activity therapists and nursing personnel. The professional personnel form a team for the purpose of evaluating the patient on admission, planning the treatment program, monitoring the patient's progress, and changing the treatment program as indicated. The treatment team provide an eclectic approach with the use of psychotropic medications, individual counseling, group

work, or a number of other approaches such as behavior modification and reality orientation. There are some programs available to all patients under the general heading of activity therapy. It includes occupational therapy, recreational therapy, industrial therapy, educational counseling, vocational education programs, music therapy and services provided by the library.

Medical/surgical services are available as needed by patients. The institution has a well-equipped laboratory for various blood and tissue tests and is equipped with x-ray, electrocardiograph, and electroencephalogram machines.

It is the intent of the institution to improve the quality of care for patients by increasing psychiatric treatment modalities and to provide an active treatment program for each patient. It is possible to achieve this by continuing education for the present staff. Highly trained personnel should be hired as the need arises for new staff and/or staff replacements.

Pursuant to the aforementioned regionalization, a liaison has been formed between the Regional Mental Health Centers and Warm Springs State Hospital. Aftercare teams from the Regional Mental Health Centers and the treatment team from Warm Springs State Hospital meet frequently to implement treatment plans for patients who are to be placed in a less restrictive environment. The hospital team also makes visits to the various regions for consultation. These meetings between hospital and center staff develop an awareness of each others programs and thus they can more adequately plan for patient's services.

To comply with R.C.M. 1947, Chapter 13, the commitment law, Warm Springs State Hospital has completed a treatment plan for each patient which includes goals and time specific objectives. Medical histories are obtained within 4-8 hours of admission. All admissions are given a psychiatric evaluation and social service, psychological and occupational assessments. Aftercare plans are developed when appropriate.

In summary, Warm Springs State Hospital was reorganized into regional and special units in September, 1975. Regionalization has purported liaison between the institution and the Regional Mental Health Centers; however, there is need to improve the cooperative relationship. Some buildings are being modernized and renovated to meet Medicare/Medicaid Standards. Although new methods of treatment have been implemented, there is need for continuing education to improve treatment methodology to stimulate social and recreational skills.

EXHIBIT 8

WARM SPRINGS STATE HOSPITAL
PATIENTS BY SPECIAL UNIT

September 14, 1976

SPECIAL UNIT	TOTAL POPULATION (1974 Estimate)	BEDS	PRESENT RESIDENTS MEN	WOMEN
Region I	95,100	90	37	22
Region II	147,400	115	37	31
Region III	144,800	97	45	27
Region IV	178,200	204	72	46
Region V	169,300	120	53	19
SUBTOTAL		626	244	145
Children's Program		38	16	6
Forensic		46	32	
Geriatric		116	42	41
Mentally Retarded		60	27	21
Medical/Surgical		47	8	12
SUBTOTAL		307	125	80
TOTAL		933	369	225

Total Patients in Hospital	9/14/76	594
Total Patients in Hospital	7/1/75	904

Priorities for Expanded Mental Health Programs

Over the next five years, each of the above current problem areas are in need of improvement. The state agency has outlined six major priorities for mental health programs. They are:

-transitional services including day care, group homes, half-way houses, etc.

-services to children and the elderly

-day treatment services

-pre-admission screening for assistance to courts and other public agencies in making referrals to Warm Springs State Hospital.

-followup care for discharged institutional patients.

-Improvements in the quality of care at Warm Springs State Hospital.

In addition to the above priorities, there is a limited amount of service coordination for the Native American. Although reservation Indians receive mental health services from the Indian Health Service, programs for urban Indians are in need of further coordination between mental health centers and other Indian programs. Ideally, due to cultural differences, an Indian counselor should be on staff for consultation with the Indian Health Service and other agencies. His role will be to counsel the urban Indian and coordinate special programs for this target group. Finally, based on results of the "needs survey" (see Appendix A), the rank among regional catchment areas for the most relative and potential need for mental health services is as follows:

	Rank	Region
(Highest Need)	1	I - Eastern Montana
	2	V - Western Montana
	3	II - North Central Montana
	4	III - South Central Montana
(Lowest Need)	5	IV - Southwestern Montana

The ranking on the indicators of need for mental health services and the availability of resources will provide guidance to the state, and local centers in the planning, development, and resource allocation for mental health services. It will also be used as one criteria in establishing priorities for federal grants at the State level.

The Bureau of Mental Health Field Services plans to offer technical assistance for the development of grant applications at the local level in in areas of high need. As mental health centers have been developed across the country, they have tended to develop first in areas of relatively low need because high need areas have often not had the manpower and expertise to develop great proposals. Montana has the opportunity to avoid this common pattern and to stimulate resource development for high need areas.

With these priorities in mind, the following goals and objectives have been outlined to help insure mental health for all persons residing in Montana.

GOALS AND OBJECTIVES

The Montana Department of Institutions has the overall responsibility for coordination of mental health programs supported by local, state and federal funds. In order to assure optimal responsiveness to the needs of Montana citizens, it is necessary to have an ongoing planning process which identifies major operational direction of the program. Further, progress toward meeting needs of citizens must be monitored on a regular basis. Thus, the goals and objectives outlined below provide a mechanism for future planning and evaluation. They are intended to communicate to federal, state and local organizations the overall direction of the Department of Institutions in further development of mental health services. Objectives by their very nature are planned or desired outcomes. For each of the next five years, objectives of this plan will be reviewed in-depth with increased state agency capacity to evaluate program results. As this occurs, increased knowledge of population needs and service resources will be available and may cause revision of present objectives.

Based on the present status of the Montana Mental Health program along with Federal, state and local initiatives for improved services

to the mentally ill, the following unprioritized goals represent the overall Department mission:

1. To insure the Health and Safety of individuals in the care and custody of state administered institutions and hospitals.

2. To provide quality developmental and rehabilitative services within state administered programs with a focus on reduction of institutionalization.

3. To promote uniform and accessible locally administered programs for disabled or delinquent citizens with a focus on prevention of institutionalization.

4. To insure administrative efficiency of operations and financial accountability to local, state and federal funding sources.

GOAL 1:

To insure the health and safety of individuals in the care and custody of State administered institutions and hospitals.

OBJECTIVES

1.1 To insure that all patient facilities at Warm Springs State Hospital (WSSH) meet State and Federal health and safety standards by July, 1978. (Responsible organization: Warm Springs State Hospital).

1.1.1 Based upon extensive interaction with the Department of Health and Environmental Sciences, Department of Social and Rehabilitation Services, State Board of Visitors, State Fire Marshal, and Professional Standards Review Organization an on-site compliance evaluation was completed and the Superintendent of Warm Springs State Hospital will prepare an Action Plan, based upon this evaluation, and a cost estimate for implementation of required corrective actions by December, 1976.

1.1.2 Submit action plan and request for financial support to State Legislative Session by January, 1977.

GOAL 2:

To provide quality developmental and rehabilitative services within State administered programs with a focus on reduction of institutionalization.

OBJECTIVES

2.1 To discharge all inappropriately referred residents from the current Warm Springs State Hospital population by July, 1978. (Responsible organization: Warm Springs State Hospital and Regional Community Mental Health Boards).

2.1.1 Current population has been evaluated and results show the number of individuals not appropriately referred, i.e. those that:

-require specialized Developmentally Disabled Community services.

-require care and custody in community based nursing facilities;

-require development of community-based supervised living and supportive services in group homes and halfway houses in each region;

-require outpatient or partial hospitalization services;

2.1.2 Prepare discharge and treatment plans for each group of these re-evaluated patients showing the number for whom additional community-based facilities are necessary prior to discharge by December, 1976.

2.2 Prepare and distribute a Warm Springs State Hospital Patient-admission policy by December, 1976. (Responsible organization: Warm Springs State Hospital). The policy will include criteria for patient admission and referral procedures. The policy will be reviewed and approved by the State Mental Health Advisory Council and be distributed to:

-District Courts

-County Attorneys

-Public Human Service Agencies

-Regional Community Mental Health Boards

2.3 Having planned and evaluated the care, custody and services for each Warm Springs State Hospital patient and documented it on standardized individual treatment plans and having updated individual treatment plans on at least a quarterly basis. Warm Springs State Hospital will prepare a quarterly report as described in 2.1.1 and distribute to all Regional Mental Health Boards by November 1976.

2.4 To convene a task force of experts in the field of institutional care for the mentally ill and mentally retarded to evaluate present treatment programs at Warm Springs State Hospital and Community facilities by June, 1977. (Responsible organization: Warm Springs State Hospital). The task force should include representatives from Montana Universities and personnel from institutional programs in other states and should include but not be limited to the field of psychiatry, psychology, social work, nursing and administration.

2.4.1 Service for mentally retarded at Warm Springs State Hospital will be assessed as to suitability of locale.

2.5 To provide community-based alternatives to institutionalization by January, 1977. (Responsible organization: Department of Institutions).

2.5.1 Develop two psychiatric nursing facilities to accommodate individuals unable to receive appropriate treatment in existing nursing facilities by November, 1978.

GOAL 3:

To promote uniform and accessible locally administered programs for disabled or delinquent citizens of Montana with a focus on prevention of institutionalization.

OBJECTIVES

3.1 To expand present Mental Health Services for Statewide accessibility to institutional alternatives by July, 1979. Objectives 3.1.1 to 3.1.6 are listed in the order of statewide priority. (Responsible organization: Regional Community Mental Health Boards).

3.1.1 Transitional Services: Develop: a) at least two community-based 8-bed residential-treatment facilities in each Regional catchment area by July, 1978, b) at least three community-based 8-bed residential-treatment facilities in each Regional catchment area by July, 1979. Facilities will meet State and Federal regulatory and licensing standards.

3.1.2 Specialized Services for Indians, children and Elderly: To provide in each Region full-time qualified Mental Health professionals for each target population by January, 1977, who will work closely with County Mental Health Advisory Boards. Functions of these individuals and Advisory Boards will be to develop, implement and coordinate programs for Indians, children and elderly so as to comply with P.L. 94-63.

3.1.3 Partial Hospitalization: a) Develop at least 1 day care program per 30,000 population in each regional catchment area by June, 1979. Day care programs should be geographically dispersed within Regional boundaries.

b) Encourage Regional Mental Health Boards to maintain hours of operation for centers and satellites until 9:00 p.m., Monday-Friday to provide evening services by January, 1977.

3.1.4 Specialized Services for Drug Abusers and Alcoholics: To provide in each region a full-time qualified mental health professional in each regional catchment area for both target populations by January, 1977. Functions of this individual will be to develop, implement and coordinate programs for drug abusers and alcoholics.

3.1.5 Emergency Care: a) to provide or affiliate with existing 24-hour crisis telephone service in each center and satellite by July, 1977.

b) to encourage regional mental health boards to designate a mental health professional to be available on-call 24 hours per day for consultation and treatment in each center and satellite by July, 1977.

3.1.6 Outpatient, after care, screening, consultation and education services: a) To provide at least one mental health professional in satellite offices in counties with 5,000 population or more by July, 1978. b) To provide a regional screening facility in each region.

3.2 To discontinue inappropriate admissions to Warm Springs State Hospital by July, 1977. (Responsible organization: Regional Mental Health Boards and Mental Health Field Services Bureau).

3.2.1 to provide consultation and education to all district judges and county attorneys about Warm Springs State Hospital admission and referral procedures by January, 1977 (Responsible organization: Regional Mental Health Boards). Consultation should include description of available regional and local diagnosis, screening and service capacity for alternatives to institutionalization. At a minimum, consultation

should include at least one face-to-face contact with each district judge and county attorney.

3.2.2 to encourage development of regional screening units for diagnosis and referral of voluntary and non-voluntary patients to Warm Springs State Hospital by December, 1976. (Responsible organization: Regional Mental Health Boards). Recommended composition of units are:

- -psychologist
- -psychiatrist
- -social worker
- -psychiatric nurse

3.2.3 to convene regional task forces or councils within each region for consultation and education to local leadership and human service providers by January, 1977. (Responsible organization: Regional Mental Health Boards). At a minimum, representation should include:

- -Indian population
- -district judges
- -health departments
- -welfare departments
- -vocational rehabilitation departments
- -other mental health support agencies
- -public schools, colleges and universities
- -consumers

functions of each task force or council will be to:

-conduct, at a minimum, quarterly meetings to: review status of regional mental health programs, propose areas of new service development, coordinate referral procedures, location of new facilities, and review and approval of regional progress reports to the Department of Institutions.

-Insure continuity of care for discharged patients from Warm Springs State Hospital and prevent institutionalization by encouraging "non-participating counties" within each region to develop mental health programs and facilities.

3.2.4 to make available to regional mental health center staff an annual workshop on community service coordination methods and skills. (Responsible organization: Bureau of Mental Health). The first workshop will be available before December, 1976. The focus of the workshop will be alternatives to institutionalization through state and local cooperation and coordination of resources.

3.3 to encourage the development and maintenance of a state-level service coordination task force by December, 1976. (Responsible organization: Bureau of Mental Health). Representation of the task force should include:

-Indian population

-State Departments of Justice, Institutions, Health and Environmental Sciences, Education, Community Affairs and Social and Rehabilitation Services.

-Public Schools, colleges and universities

(See coordination-of-planning section of this plan).

GOAL 4:

To insure administrative efficiency of operations and financial accountability to local, state and federal funding sources.

4.1 Implement and maintain standards of operation for community mental health centers and satellites by November, 1976. (Responsible organization: Mental Health Field Services Bureau). Statewide compliance with standards should be achieved by Regional Mental Health programs by June, 1977.

4.2 Develop and implement an annual on-site program evaluation system to assess community mental health center compliance with standards by November, 1976. (Responsible organization: Mental Health Field Services Bureau - See Annual Review section of this plan.) The system will include a central organization unit for conducting performance evaluation and a method of correcting deficiencies.

4.3 To develop a plan for placement of Warm Springs State Hospital staff who will be in need of employment and re-training due to deinstitutionalization: Department of Institutions).

MANPOWER REQUIREMENTS

Requirements for providing an adequate supply of appropriately trained mental health personnel is a serious challenge in rural sparsely populated states such as Montana.

The first logical inference is that appropriately trained mental health personnel will be individuals of various levels of skills and experience with a heavy reliance on the paraprofessional and members of the local community who are now providing services to the moderately and chronically ill patients. In the State of Montana, careful attention must be given to what is meant by "community" or how it is interpreted in such a sparsely settled area. This, of course, is a particularly difficult problem in dealing with relatively low incidence of mental disorders but even in areas with relatively high incidence such as alcoholism, there are obviously many communities and many counties in Montana where the population and manpower resource limitations make the "community" a non-practical jurisdication for service delivery. Thus, it is essential that some communities be handled collectively.

The Department of Institutions believes that in addressing the problem of manpower needs, one must utilize the resources that the clients are now using in addressing their mental health problems, i.e., if an individual in a rural area currently has a problem, he, in all probability, is now using a local person for such service. Therefore, it would seem logical that a heavy effort on manpower development is to provide professional support and technical assistance to the individuals who are currently providing these services. Step one is to define

throughout the state who are people going to when they need help. This assessment will be accomplished by the Department in 1977. Once the individuals have been identified, then efforts will be made for the limited number of mental health professionals throughout the State to work closely with them so they can more adequately provide appropriate service to individuals seeking their help.

The second inference related to manpower needs is the regional concept. As mentioned earlier, town by town or county by county produces units which are too small for an adequate service delivery but viewing the state as a single catchment area is obviously too large. Mental health programming on such a regional basis is being developed in Montana. Therefore, all planning to reduce inequities in mental health services have to be tied to the regional board concept. The Department, as of June 1, 1976, has designated the regional mental health boards as also the regional alcohol and drug boards. The reason for doing this is to provide the best possible integration of planning efforts. These regional governing boards are made up primarily of county commissioners and will have planning and administrative responsibilities for both alcohol services and mental health services and will be free to provide those services for each region through the most appropriate mechanism. They in turn are assisted by county advisory boards who have input in the planning area. Therefore, the Department of Institutions will request from each of these governing boards that they project in their planning for service the increased staffing needs to assure that they will be able to provide the required mental health services. Once these projections have been received by the Department of Institutions, the Department will validate these projection through the use of its service reporting system and through on-site

evaluations. Once these staffing projections have been validated, an addendum will be submitted to the State Plan indicating staffing requirements in each region for the next five year period. As such planning occurs, it is expected that there will be some differentiation by regions with regard to how they view the manpower need for mental health services.

COORDINATION OF PLANNING

Many public and private agencies throughout the State of Montana are involved in the provision of human services. These human service agencies often have functions and responsibilities which overlap or duplicate other human service agency efforts. Because these agencies have separate organization structures and only limited coordination of service planning and delivery mechanisms, the potential for duplicated services, unmet service needs, and inefficient delivery of multiple services to individuals is significant. The Department of Institutions recognizes the need to develop a coordinated approach to services planning and delivery, and is committed to initiating this coordination in the operation of the State Plan for Comprehensive Mental Health Services. This coordination is planned to occur as follows:

Health Planning

It is anticipated that the State Plan for Mental Health will stand as a companion document to the State Plan for Health for a total view of what should be done in Montana in regard to total health services. The present health planning organization within Montana changed

October 1, 1976 as per Public Law 93-641. In the near future, a statewide health coordinating council under the aegis of the Health Systems Agency Board will be established with responsibility for overall health planning. The council will work primarily with the Division of Health Planning and Resources Development (Single State Health Authority). To coordinate planning efforts, the Montana Advisory Council for Mental Health and the Bureau of Mental Health will participate with the health coordinating council in evaluation and planning for health and mental health programs.

Identified areas requiring coordination:

- -Licensing requirements for community based group homes or alternative living facilities.
- -Approval of aplications for construction of mental health facilities.
- -Coordination of community-based health and mental health programs and personnel.

Further, coordination between State Health and Mental Health agencies and Regional Mental Health programs is enhanced by representation of the Council of Regional Mental Health Boards on the executive committee of the Health Systems Agency Governing Board.

At present, this Plan is consistent with the State Health Plan published in August 1974 under Section 1524(c)(2) of the Public Health Services Act. (See attachment X.) Upon formulation of the health coordinating council, the State Mental Health Plan will be given to the council for review and approval.

Other Human Services

A meeting of State agencies responsible for human services was held on April 16, 1976. The purpose of the meeting was to initiate coordinated planning among agencies. Representatives included the Governor's Office, Department of Institutions, Social and Rehabilitation Services (State Title XX Agency), Community Affairs, and Health. Discussion centered on the need for State and local interagency cooperation and the feasibility of one agency being responsible for centralized leadership. It was concluded that because the Department of Social and Rehabilitation Services (SRS) has the overall responsibility of human service planning under Title XX of the Social Security Act, SRS should be the central coordinating agency. SRS established a task force made up of representatives from appropriate State agencies. Three immediate action steps were listed as initial task force priorities.

-Definitions of service populations within each agency to clearly define those individuals to be served by each agency.

-Documentation of allocated financial resources for each population to help assess service priorities.

-Documentation of service programs and functions within each agency to assist in coordination and possible consolidation of services.

Alcohol and Drugs

Coordination between mental health program planning and alcohol and drug abuse program planning occurs within the Adaptive Services Division (ASD) of the Department of Institutions. As displayed on Exhibit X,

Bureau Chiefs for both programs report directly to the ASD Administrator. Weekly management meetings are held to plan activities, work out solutions to mutual problems and report on progress toward achievement of objectives. As previously discussed, the ASD role in administration of mental health, alcohol and drug abuse programs is primarily monitoring of community-based service delivery. Emphasis is being placed on Regional Mental Health Boards assuming increasing responsibility for administration of broader service programs. As a result, each of the five Regional Boards will review and comment on State Plans for Alcohol and Drug Abuse for Fiscal Year 1977. These Plans will be developed into five sections, one for each geographic region, to meet unique regional needs. Specific areas of coordination are:

Alcoholism Services

The Addictive Diseases Bureau has amended the State Plan for Alcohol to include the expenditure of all State formula funds through the five Regional Mental Health Boards. Each Board has received $40,000 of federal alcohol formula funds for FY'77 to be utilized in the following manner:

-$25,000 to pay all ancillary expenses of a coordinator and developer of alcohol services who will provide services to all alcoholics in his region including information and referral. In addition to providing direct services to alcoholics, this regional staff member will develop new services where needed in each region and coordinate existing services to avoid duplication and waste of available financial resources.

-$5,000 to be utilized for education and training needed to implement the Uniform Detoxification Act.

-$10,000 to be utilized for care provided by medical facilities implementing the Uniform Detoxification Act. Payment for services received by alcoholics will be made only after documentation and verification of the service is made by the regional coordinator assigned to each of the five regions.

Each Mental Health Board has received a proposed contract as outlined above from the Addictive Diseases Bureau Chief. Currently, the Division Administrator and Bureau Chiefs are negotiating each of these contracts with the respective Mental Health Boards.

Drug Abuse Services

Drug abuse treatment activities in the State have not, in the past, been extensively coordinated with Mental Health. At the present time, drug abuse treatment and rehabilitation services are provided only in South Western Montana. Drug Program (SMDP) satellite offices are located in Helena, Butte, Anaconda and Bozeman. The SMDP also administers a therapeutic community, "Lighthouse", located at Galen State Hospital. Service coordination in these cities has involved local and regional agreements between SMDP and other service programs, including Comprehensive Mental Health Centers. Agreements with Mental Health Centers have involved reciprocal referral arrangements so that local mental health staff provide psychiatric evaluations of drug abuse clients and SMDP staff provide diagnosis of mental health client drug abuse patterns and treatment alternatives.

In other mental health regions, CMHCs provide some drug abuse treatment to a limited number of patients. Services have included outpatient therapy, detoxification, after care and followup, and chemotherapy. Staff from the SMDP and the Single State Drug Abuse Agency have assisted in these efforts through training programs for representatives of all regional mental health centers. Plans for future coordination include development of a statewide drug abuse services contract for comprehensive drug abuse treatment with each Regional Mental Health Board. Implementation plans are:

Region	Target Date
- Southwestern Montana	presently operating
- South Central Montana	January 1, 1977
- Western Montana	January 1, 1977
- North Central Montana	January 1, 1977
- Eastern Montana	July 1, 1978

Community Planning

As stated in the purpose of the Plan, the Department of Institutions aims to provide a mechanism for communication between the Department and other local organizations involved in the delivery of mental health services. Communication is seen as a necessity for responsive and efficient services. No one center, agency or facility can alone provide adequate services to meet the myriad needs of the citizenry. It is necessary to establish a climate of mutual cooperation and understanding in order to obtain comprehsenive care. Because of the limited population and large geography of Montana, the Department of Institutions has

decided on the regional approach to provision of services. Regional boundaries selected are identical to the five catchment areas of existing mental health centers. This regional approach is in operation for the five basic mental health services which are now being expanded to include alcohol and drug services. Inasmuch as each region has a mental health governing board made up of county commissioners, there is a built-in opportunity for coordination among human services. This is because county commissioners are responsible for a wide variety of local services such as welfare, health, education, corrections, etc. However, based on State agency assessment of current levels of local service coordination, improvements are required in the following areas:

-Regional Board understanding of purpose and objectives of various human service programs operating within their catchment area.

-Regional Board knowledge of program revenue sources and funding requirements for more efficient utilization of resources.

-Regional Board understanding of program evaluation methods for improved planning for service delivery coordiantion.

Efforts to facilitate improvement in these areas will be provision of Regional Board training programs conducted by representatives of the Bureau of Mental Health as outlined in the objectives section of this plan.

IV

APPENDIX

APPENDIX A

SURVEY OF MENTAL HEALTH NEEDS AND RESOURCES

OVERVIEW

The purpose of the Mental Health needs and resources survey was to determine relative and potential need for Mental Health programs among the five regional catchment areas. Results indicate that Region I, Eastern Montana, is the region with the highest potential need. The ranking of remaining regions from highest to lowest was:

-Region V - Western Montana

-Region II - Northcentral Montana

-Region III - Southcentral Montana

-Region IV - Southwestern Montana

The ranking of regions was determined by a statistical analysis of two variables:

-The prevalence of individuals in "high risk" of needing mental health services; and,

-the extent of mental health services presently available within each regional catchment area.

The survey was performed with the best available uniform data to gain a broad perspective of potential needs for new or expanded programs. Results do not indicate the size, number or site-location of new facilities. The state agency is aware of the numerous variables which must be assessed in order to reasonably plan for additional services. Some variables are:

-Availability of required financial and manpower resources.

-Transportation constraints in extremely rural counties.

-Residence of current service population including institutionalized and non-institutionalized patients.

Because Regional Mental Health Boards are the primary organization responsible for planning and implementing additional mental health facilities, survey results are intended to provide guidance in these efforts.

NEEDS SURVEY

The needs survey was conducted to identify "high risk populations" in terms of relative and potential need for mental health services. This determination was based on the prevalence of weighted demographic, social and economic indicators in each regional catchment area. These indicators are known to correlate with admission rates to mental health facilities, and for the most part, provide the best account of variation in small area demographic characteristics. The following lists the socioeconomic and demographic indicators recommended by the Department of Health, Education and Welfare, and briefly describes the reasons for selecting additional social and health indicators.

SOCIOECONOMIC AND DEMOGRAPHIC INDICATORS - 1970 CENSUS STATISTICS

.Percent of males 16 years and over who are in a low occupation status.

.Percent of families below poverty level.

.Youth dependency ratio (i.e. persons under 18 years per 100 persons 18-64 years).

.Aged dependency ratio (i.e. persons 65 and over per 100 persons 18-64 years).

.Percent of household population in housing units with 1.01 or more persons per room.

Draft (2-17-76) Federal Guidelines for the Preparation of State

Plans or Comprehensive Mental Health Services (PL 94-63) - Alcohol, Drug Abuse, and Mental Health Administration, National Institute of Mental Health - Division of Mental Health Service Programs.

.Percent of household population who moved into present residence - 1969-1970, i.e. recent movers.

.Indian population as a percent of total catchment area population.

OTHER SOCIAL AND HEALTH INDICATORS

.Marriage dissolution ratio (1974) i.e. number of divorces and annulments per 1,000 persons. This characteristic is generally considered to have an adverse affect on individuals and increases the potential need for mental health services. Further, approximately 4,470 children were affected by some 3,940 marital dissolutions in Montana during 1974. (Source: 1974 Montana Vital Statistics - Bureau of Records and Statistics.)

.Infant mortality ratio (5 year period - 1970-1974) i.e. number of deaths under one year of age per 1,000 live births. This characteristic tends to be highest among the poor and minority segments, and is consistently associated with a large number of stress producing factors. (Source: 1974 Montana Vital Statistics - Bureau of Records and Statistics.)

.Suicide ratio (1974) i.e. number of suicides per 1,000 persons. Although it is recognized that data on suicides can be considerably affected by the way in which deaths are recorded at the local level, this characteristic is considered to be of clinical importance. (Source: 1974 Montana Vital Statistics - Bureau of Records and Vital Statistics.)

.Public Welfare Recipient Ratio (1976) i.e. number of recipients

receiving medical assistance per 1,000 persons. This population is generally highly represented with broken families, handicapped individuals, aged persons, and young children.

Numerical values or all indicators were converted to percentages or ratios to provide a basis or comparison and ranking between catchment areas. In addition, to assist Regional Community Mental Health Boards in planning of additional mental health programs, counties within catchment areas were ranked on each indicator in order of prevalence, suggesting overall potential need for services.

WEIGHTING

As displayed in Exhibits A3 and A4, of the eleven indicators, seven were judged to be of equal clinical importance in determining the relative need for mental health services and assigned a weight of one. The following criteria was used to assign a weight of two to the remaining four indicators:

.Aged and Youth Dependency Ratio, as indicated on Exhibit A4, these characteristics were emphasized due to the current mental health delivery system's deficiency in providing services to these target populations.

.Marriage dissolution ratio - Marriage dissolutions increased by 29% during the period 1970-1974. Further, this characteristic is known to have an adverse affect on children as previously discussed.

.Indian population as a percent of total county population.

RANKING

As displayed in Exhibits A2, A3, and A4, individual rankings for

each indicator were multiplied by the assigned weights and summed to determine final ranking. Exhibits A5 to A9 display results for county ranking within the five mental health regions.

RESOURCE SURVEY

The purpose of this survey was to describe and summarize mental health resources in each mental health region and to provide the necessary data for ranking regions in terms of mental health resources. The methodology used to conduct the survey consisted of the following activities:

-Review of available secondary data as follows:

.NIMH Inventory of Comprehensive Community Mental Health Centers (1976).

.Department of Social and Rehabilitative Services (SRS) Adult and Family Services Division - List of Foster Care for Developmentally Disabled, January 1, 1976.

.Department of Social Services and Personnel Services (Payroll) - Warm Springs State Hospital.

.Commission of Higher Education - Psychologists in the State University System.

.Superintendent of Public Instruction, Special Education Program - Psychologists in the State Public School System.

.Bureau of Addictive Diseases - Department of Institutions - Alcohol and Drug Program Resources List.

.State of Montana Board of Psychologists - List of Licensed Psychologists.

.Comprehensive Health Planning Division - Health Manpower in Montana (January 1975).

.State Department of Health and Environmental Sciences - Division of Hospital and Medical Facilities - Licensed Hospitals and Long Term Care Facilities.

-Telephone interviews and,

-Written communication with regional community mental health personnel to augment and verify data collected through review of secondary data.

Results of the survey are displayed in Exhibits A18, A21, A24, A27, A30 which indicate:

-Location of present resources;

-type and ownership of facilities;

-number long-term beds for inpatient treatment;

-number of transitional or intermediate beds; and

-estimated total scheduled hours available for mental health services.

Exhibit 5 (Section III) indicates the number and types of mental health services offered in each catchment area.

Data displayed in these exhibits were used to:

-Prioritize regions in terms of relative need for mental health services and

-assess present status of mental health delivery as discussed in Section III.

Based on review of results and planning committee discussions the ratio of mental health provide hours per 1,000 population was selected as best representing availability of resources for regional prioritization. Although, recommended in the guidelines (PL 94-63), it was determined that numbers of acute and long term beds would not represent a meaningful indication of available resources due to underutilization of present capacity, and were, therefore, not used to prioritize regions.

WEIGHTING

Assignment of weights to community mental health centers, private, public school and university mental health providers was based on the accessibility of service to residents and specific target groups. As a result higher weights were assigned to community mental health center and public school and university mental health providers as:

-community mental health center services are essentially available for all residents of the state.

-Public school and university systems are available to the youth irrespective of family income,

-while accessiblity of private practioners' services is limited by the ability to pay.

RANKING

As displayed in Exhibits A2, A3, and A4 individual rankings for each indicator were multiplied by the assigned weights and summed to determine final ranking.

PRIORITIZATION OF REGIONS

Final ranking of regional catchment areas based on socioeconomic, demographic, other social and health indicators, and estimated availability of mental health personnel hours is shown in Exhibit A1.

Individual rankings for each indicator were multiplied by the assigned weights and summed to determine regional prioritization.

NOTE: For a more detailed description of the methods used to determine regional prioritization for potential need for mental health services refer to the draft (2-17-76) Federal Guidelines for the Preparation of State Plans for Comprehensive Mental Health Services (PL 94-63) - Alcohol, Drug Abuse, and Mental Health Administration, National Institute of Mental Health - Division of Mental Health Programs. Copies of these guidelines are available at the State Department of Institutions, Bureau of Mental Health.

EXHIBIT A 1

	MENTAL HEALTH RESOURCES		OTHER SOCIAL AND HEALTH		SOCIOECONOMIC/ DEMOGRAPHIC		FINAL SCORE	FINAL RANKING
	SUMMARY SCORE	RANK	SUMMARY SCORE	RANK	SUMMARY SCORE	RANK		
REGION I	9	1	20	5	20	1	49	1
REGION II	19	5	13	3	26	2	58	3
REGION III	18	4	11	2	37	4	66	4
REGION IV	12	2	18	4	38	5	68	5
REGION V	17	3	9	1	29	3	55	2

See footnotes on the last page of Appendix A.

EXHIBIT A2

ESTIMATED SCHEDULED WEEKLY HOURS PER 1000 POPULATION

	COMMUNITY MENTAL HEALTH CENTERS			PRIVATE PRACTITIONERS			UNIVERSITY/ PUBLIC SCHOOL SYSTEM			SUMMARY SCORE	RANK
	Rate	Rank	Wt	Rate	Rank	Wt	Rate	Rank	Wt		
REGION I	7.9	3	2	0.4	1	1	-	1	2	9	1
REGION II	10.4	5	2	1.9	5	1	3.6	2	2	19	5
REGION III	8.6	4	2	1.5	2	1	5.2	4	2	18	4
REGION IV	4.2	1	2	1.8	4	1	3.8	3	2	12	2
REGION V	4.5	2	2	1.7	3	1	6.8	5	2	17	3

See footnotes on the last page of Appendix A.

EXHIBIT A3

NEEDS SURVEY

SOCIAL AND HEALTH INDICATORS

	MARRIAGE DISSOLUTIONS			INFANT MORTALITY			SUICIDE			MEDICAL ASSISTANCE RECIPIENTS			SUMMARY SCORE	RANK	SOCIOECONOMIC/ DEMOGRAPHIC SUMMARY SCORE	TOTAL SCORE	RANK
	Rate	Rank	Wt	Rate	Rank	Wt	Rate	Rank	Wt	Rate	Rank	Wt					
REGION I	3.8	5	2	21.2	2	1	0.16	4	1	42.9	4	1	20	5	20	40	3
REGION II	5.3	3	2	17.4	5	1	0.17	1	1	59.7	1	1	13	3	26	39	2
REGION III	5.6	2	2	19.0	3	1	0.17	1	1	44.2	3	1	11	2	37	48	4
REGION IV	4.9	4	2	22.6	1	1	0.16	4	1	41.7	5	1	18	4	38	56	5
REGION V	6.6	1	2	18.9	4	1	0.17	1	1	47.9	2	1	9	1	29	38	1

See footnotes on the last page of Appendix A.

EXHIBIT A4

NEEDS SURVEY

SOCIOECONOMIC AND DEMOGRAPHIC INDICATORS

	MALES IN LOW OCCUPATION STATUS			FAMILIES BELOW POVERTY LEVEL			YOUTH DEPENDENCY RATIO			AGED DEPENDENCY RATIO			HOUSEHOLDS WITH 1.01+ PERSONS PER ROOM			RECENT MOVERS (1969-70)			INDIAN POPULATION AS A % OF TOTAL COUNTY POPULATION			SUMMARY SCORE	RANK
	Rate	Rank	Wt	Rate	Rank	Wt	Rate	Rank	Wt	Rate	Rank	Wt	Rate	Rank	Wt	Rate	Rank	Wt	Rate	Rank	Wt		
REGION I	30.8	5	1	15.1	1	1	76.5	1	2	19.8	1	2	21.7	1	1	23.7	5	1	6.9	2	2	20	1
REGION II	31.5	3	1	14.1	3	1	74.1	2	2	15.7	5	2	21.1	2	1	28.6	2	1	7.0	1	2	26	2
REGION III	31.3	4	1	14.3	2	1	67.9	4	2	17.5	4	2	17.1	5	1	25.6	4	1	3.8	3	2	37	4
REGION IV	35.6	2	1	11.8	5	1	65.5	5	2	19.4	2	2	17.6	4	1	27.2	3	1	0.9	5	2	38	5
REGION V	38.2	1	1	13.0	4	1	69.6	3	2	17.6	3	2	19.8	3	1	29.0	1	1	2.5	4	2	29	3

See footnotes on the last page of Appendix A.

EXHIBIT A 5

NEEDS SURVEY

REGION I

SOCIAL AND HEALTH INDICATORS

	MARRIAGE DISSOLUTIONS			INFANT MORTALITY			SUICIDE			WELFARE RECIPIENTS			SUMMARY SCORE	RANK	SOCIOECONOMIC/DEMOGRAPHIC SUMMARY SCORE	TOTAL SCORE	RANK
	Rate	Rank	Wt	Rate	Rank	Wt	Rate	Rank	Wt	Rate	Rank	Wt					
* CARTER	0.5	17	2	21.6	5	1	0.5	2	1	21.1	14	1	55	13	113	168	15
CUSTER	5.7	2	2	18.9	8	1	0.1	9	1	38.0	6	1	27	2	93	120	5
DANIELS	2.5	11	2	18.3	9	1	0.3	4	1	23.8	12	1	47	11	106	153	13
DAWSON	3.9	6	2	19.4	7	1	0.1	9	1	23.7	13	1	41	8	98	139	7
FALLON	4.6	5	2	29.6	3	1	-	12	1	36.4	7	1	32	6	114	146	11
GARFIELD	1.9	12	2	7.5	15	1	-	12	1	13.1	16	1	67	16	116	183	17
* McCONE	1.5	14	2	16.1	11	1	0.4	3	1	58.1	3	1	45	9	98	143	10
PHILLIPS	4.9	4	2	19.5	6	1	-	12	1	44.0	5	1	31	3	59	90	3
POWDER RIVER	0.9	16	2	9.3	14	1	0.9	1	1	9.1	17	1	64	14	78	142	8
PRAIRIE	1.1	15	2	6.8	16	1	-	12	1	27.4	10	1	68	17	102	170	16
* RICHLAND	3.2	9	2	11.0	13	1	0.2	6	1	34.7	8	1	45	9	97	142	8
ROOSEVELT	5.3	3	2	43.0	1	1	0.2	6	1	78.0	1	1	14	1	48	62	1
ROSEBUD	3.5	8	2	17.9	10	1	0.3	4	1	74.2	2	1	32	6	37	69	2
SHERIDAN	2.8	10	2	11.5	12	1	0.2	6	1	31.1	9	1	47	11	108	155	14
TREASURE	5.8	1	2	37.0	2	1	-	12	1	20.8	15	1	31	3	105	136	6
VALLEY	3.8	7	2	22.7	4	1	0.1	9	1	49.5	4	1	31	3	61	92	4
WIBAUX	1.4	13	2	-	17	1	-	12	1	27.1	11	1	66	15	86	152	12
TOTAL	3.8	-	2	21.2	-	1	0.16	-	1	42.9	-	1					

* Non-Participating Counties

See footnotes on the last page of Appendix A.

EXHIBIT A6

NEEDS SURVEY

REGION II

SOCIAL AND HEALTH INDICATORS

	MARRIAGE DISSOLUTIONS			INFANT MORTALITY			SUICIDE			WELFARE RECIPIENTS			SUMMARY SCORE	RANK	Socio Economic Demographic Summary Score	TOTAL SCORE	RANK
	Rate	Rank	Wt	Rate	Rank	Wt	Rate	Rank	Wt	Rate	Rank	Wt					
BLAINE	3.1	8	2	20.7	3	1	0.3	1	1	89.7	2	1	22	5	21	43	1
CASCADE	5.8	2	2	17.9	6	1	0.2	3	1	51.8	5	1	18	2	61	79	5
* CHOTEAU	5.8	2	2	24.0	1	1	-	8	1	25.2	8	1	21	4	58	79	5
GLACIER	5.0	4	2	20.5	4	1	0.1	7	1	126.1	1	1	20	3	23	43	1
HILL	6.0	1	2	13.6	7	1	0.2	3	1	77.1	3	1	15	1	53	68	4
* LIBERTY	3.5	6	2	24.0	1	1	-	8	1	13.5	9	1	30	8	75	105	9
PONDERA	3.3	7	2	19.5	5	1	0.3	1	1	56.6	4	1	24	6	40	64	3
TETON	2.8	9	2	9.3	8	1	0.2	3	1	31.6	7	1	36	9	61	97	8
TOOLE	4.8	5	2	6.8	9	1	0.2	3	1	46.1	6	1	28	7	56	84	7
TOTAL	5.3	-	2	17.4	-	1	0.17	-	1	59.7	-	1					

* Non-Participating Counties

See footnotes on the last page of Appendix A.

EXHIBIT A7

NEEDS SURVEY

REGION III

SOCIAL AND HEALTH INDICATORS

	MARRIAGE DISSOLUTIONS			INFANT MORTALITY			SUICIDE			WELFARE RECIPIENTS			SUMMARY SCORE	RANK	Socio Economic Demographic Summary Score	TOTAL SCORE	RANK
	Rate	Rank	Wt	Rate	Rank	Wt	Rate	Rank	Wt	Rate	Rank	Wt					
BIG HORN	4.4	6	2	27.1	2	1	0.3	1	1	61.3	1	1	18	3	32	50	1
CARBON	5.9	4	2	19.7	4	1	0.4	2	1	45.4	3	1	17	2	57	74	3
FERGUS	4.3	7	2	12.6	8	1	0.1	7	1	39.9	5	1	34	8	48	82	6
* GOLDEN VALLEY	1.1	9	2	12.7	7	1	1.1	1	1	38.9	6	1	32	7	88	120	10
JUDITH BASIN	0.7	10	2	6.0	10	1	-	8	1	25.9	10	1	48	10	57	105	8
MUSSEL-SHELL	7.1	2	2	20.4	3	1	0.2	4	1	53.8	2	1	13	1	57	70	2
PETROLEUM	-	11	2	-	11	1	-	8	1	21.7	11	1	52	11	74	126	11
STILLWATER	4.8	5	2	6.5	9	1	0.2	4	1	38.8	7	1	30	6	61	91	7
SWEET GRASS	3.2	8	2	18.9	6	1	-	8	1	29.4	9	1	39	9	68	107	9
WHEATLAND	7.2	1	2	35.9	1	1	-	8	1	32.4	8	1	19	4	55	74	3
YELLOWSTONE	6.1	3	2	19.0	5	1	0.2	4	1	44.5	4	1	19	4	57	76	5
TOTAL	5.6	-	2	19.0	-	1	0.17	-	1	44.2	-	1					

*Non-Participating Counties

See footnotes on the last page of Appendix A.

EXHIBIT A8

NEEDS SURVEY

REGION IV

SOCIAL AND HEALTH INDICATORS

	MARRIAGE DISSOLUTIONS			INFANT MORTALITY			SUICIDE			WELFARE RECIPIENTS			SUMMARY SCORE	RANK	Socio Economic Demographic Summary Score	TOTAL SCORE	RANK
	Rate	Rank	Wt	Rate	Rank	Wt	Rate	Rank	Wt	Rate	Rank	Wt					
BEAVERHEAD	5.1	5	2	18.9	9	1	0.2	4	1	47.7	4	1	27	5	73	100	9
BROADWATER	8.9	1	2	27.3	4	1	0.7	1	1	29.6	9	1	16	1	38	54	1
DEER LODGE	5.1	5	2	15.5	11	1	0.1	7	1	45.2	6	1	34	8	52	86	3
* GALLATIN	3.8	9	2	20.0	8	1	0.2	4	1	17.4	11	1	41	10	101	142	12
* GRANITE	4.4	7	2	13.5	12	1	-	10	1	48.5	3	1	39	9	55	94	5
JEFFERSON	4.2	8	2	33.1	2	1	-	10	1	64.3	1	1	29	6	56	85	2
LEWIS & CLARK	6.0	3	2	23.0	6	1	0.3	3	1	44.4	7	1	22	2	75	97	7
* MADISON	2.4	11	2	20.5	7	1	0.2	4	1	4.2	12	1	45	11	49	94	5
* MEAGHER	1.9	12	2	43.2	1	1	-	10	1	25.7	10	1	45	11	61	106	10
PARK	6.5	2	2	15.6	10	1	0.1	7	1	46.1	5	1	26	4	81	107	11
* POWELL	2.6	10	2	28.1	3	1	0.4	2	1	38.6	8	1	33	7	55	88	4
SILVER BOW	5.1	5	2	26.1	5	1	0.1	7	1	59.8	2	1	24	3	75	99	8
TOTAL	4.9	-	2	22.6	-	1	0.16	-	1	41.7	-	1					

* Non-Participating Counties

See footnotes on the last page of Appendix A.

EXHIBIT A9

NEEDS SURVEY

REGION V

SOCIAL AND HEALTH INDICATORS

	MARRIAGE DISSOLUTIONS			INFANT MORTALITY			SUICIDE			WELFARE RECIPIENTS			SUMMARY SCORE	RANK	Socio Economic/Demographic Summary Score	TOTAL SCORE	RANK
	Rate	Rank	Wt	Rate	Rank	Wt	Rate	Rank	Wt	Rate	Rank	Wt					
FLATHEAD	6.9	2	2	18.5	5	1	0.1	3	1	42.2	6	1	18	4	43	61	5
LAKE	6.5	3	2	20.1	4	1	0.1	3	1	64.7	2	1	15	1	24	39	1
LINCOLN	5.1	5	2	17.6	7	1	0.1	3	1	55.5	3	1	23	6	34	57	3
* MINERAL	1.9	7	2	26.6	1	1	-	7	1	49.4	4	1	26	7	46	72	7
MISSOULA	7.7	1	2	17.7	6	1	0.2	2	1	41.9	7	1	17	2	54	71	6
RAVALLI	5.5	4	2	23.6	2	1	0.1	3	1	48.0	5	1	18	4	42	60	4
SANDERS	2.8	6	2	21.7	3	1	0.4	1	1	74.4	1	1	17	2	36	53	2
TOTAL	6.6	-	2	18.9	-	1	0.2	-	1	47.9	-	1					

* Non-Participating Counties

See footnotes on the last page of Appendix A.

EXHIBIT A10

NEEDS SURVEY

REGION I

SOCIOECONOMIC AND DEMOGRAPHIC INDICATORS

	Males in Low Occupation Status			Population below Poverty Level			Youth Dependency Ratio			Aged Dependency Ratio			Household with 1.01 + Persons / Room			Recent Movers (1969-70)			Indian Population as a % of total county population			Summary Score	Rank
	Rate	Rank	Wt	Rate	Rank	Wt	Rate	Rank	Wt	Rate	Rank	Wt	Rate	Rank	Wt	Rate	Rank	Wt	Rate	Rank	Wt		
* CARTER	22.9	14	1	17.5	5	1	63.1	16	2	23.2	6	2	21.9	7	1	15.6	15	1	0.2	14	2	113	15
CUSTER	35.7	5	1	11.6	14	1	71.3	13	2	23.5	5	2	16.4	15	1	24.4	5	1	0.5	9	2	93	7
DANIELS	22.6	16	1	10.1	16	1	69.0	14	2	27.1	1	2	17.3	14	1	19.5	12	1	0.5	9	2	106	13
DAWSON	31.4	8	1	8.4	17	1	79.3	3	2	16.7	14	2	19.3	11	1	22.6	6	1	0.4	11	2	98	9
FALLON	30.2	9	1	12.6	13	1	77.8	8	2	16.3	15	2	19.9	10	1	20.8	10	1	0.3	13	2	114	16
GARFIELD	39.5	2	1	17.3	6	1	66.7	15	2	15.9	16	2	23.9	5	1	21.3	9	1	-	16	2	116	17
* McCONE	18.4	17	1	13.8	10	1	77.7	9	2	19.4	10	2	24.0	4	1	17.1	13	1	0.6	8	2	98	9
PHILLIPS	22.9	14	1	16.6	8	1	79.2	4	2	26.6	2	2	22.2	6	1	20.6	11	1	4.8	4	2	59	3
POWDER RIVER	38.2	3	1	13.0	12	1	79.0	6	2	15.3	17	2	24.8	3	1	26.0	4	1	1.2	5	2	78	5
PRAIRIE	28.5	11	1	19.1	4	1	55.9	17	2	24.1	4	2	11.5	17	1	15.4	16	1	0.7	6	2	102	11
* RICHLAND	34.5	6	1	13.8	10	1	75.3	10	2	19.2	11	2	20.4	9	1	21.1	8	1	0.4	11	2	97	8
ROOSEVELT	26.4	12	1	23.3	2	1	86.0	1	2	17.8	12	2	31.1	2	1	27.3	2	1	30.0	2	2	48	2
ROSEBUD	41.2	1	1	25.8	1	2	79.1	5	2	19.6	9	2	33.5	1	1	26.2	3	1	30.2	1	2	37	1
SHERIDAN	26.1	13	1	11.4	15	1	72.0	12	2	20.7	7	2	17.5	13	1	15.3	17	1	0.7	6	2	108	14
TREASURE	36.8	4	1	22.8	3	1	74.1	11	2	20.6	8	2	15.3	16	1	16.0	14	1	0.1	15	2	105	12
VALLEY	30.2	9	1	16.8	7	1	80.9	2	2	16.8	13	2	20.6	8	1	34.4	1	1	8.5	3	2	61	4
WIBAUX	31.9	7	1	15.2	9	1	78.6	7	2	25.0	3	2	19.2	12	1	22.6	6	1	-	16	2	86	6
TOTAL	30.8	-	1	15.1	-	1	76.5	-	2	19.8	-	2	21.7	-	1	23.7	-	1	6.9	-	2		

* Non-participating Counties

See footnotes on the last page of Appendix A.

EXHIBIT A11

NEEDS SURVEY

REGION II

SOCIOECONOMIC AND DEMOGRAPHIC INDICATORS

	Males in Low Occupation Status			Population below Poverty Level			Youth Dependency Ratio			Aged Dependency Ratio			Household with 1.01 Persons /Room			Recent Movers (1968-70)			Indian Population as a % of total county population			Summary Score	Rank
	Rate	Rank	Wt	Rate	Rank	Wt	Rate	Rank	Wt	Rate	Rank	Wt	Rate	Rank	Wt	Rate	Rank	Wt	Rate	Rank	Wt		
BLAINE	36.9	1	1	31.4	1	1	82.2	2	2	21.0	2	2	34.6	2	1	21.2	5	1	23.2	2	2	21	1
CASCADE	32.4	3	1	10.9	8	1	72.1	6	2	14.3	8	2	17.8	9	1	32.6	1	1	1.8	6	2	61	7
* CHOUTEAU	29.2	5	1	11.6	6	1	71.5	8	2	20.2	3	2	18.6	7	1	19.0	8	1	2.4	5	2	58	6
GLACIER	35.9	2	1	29.5	2	1	92.1	1	2	15.3	6	2	38.9	1	1	29.2	2	1	42.4	1	2	23	2
HILL	29.1	7	1	14.8	4	1	71.7	7	2	15.2	7	2	22.1	5	1	25.6	3	1	9.3	3	2	53	4
* LIBERTY	24.8	9	1	8.4	9	1	77.4	4	2	12.3	9	2	22.9	4	1	15.8	9	1	0.4	9	2	75	9
PONDERA	27.8	8	1	18.2	3	1	79.0	3	2	18.9	4	2	24.7	3	1	23.7	4	1	8.3	4	2	40	3
TETON	29.2	5	1	12.0	5	1	70.2	9	2	23.0	1	2	18.5	8	1	19.2	7	1	0.7	8	2	61	7
TOOLE	30.7	4	1	11.6	6	1	73.0	5	2	18.5	5	2	19.3	6	1	20.4	6	1	1.1	7	2	56	5
TOTAL	31.5	-	1	14.1	-	1	74.1	-	2	15.7	-	2	21.1	-	1	28.6	-	1	7.0	-	2		

* Non-Participating Counties

See footnotes on the last page of Appendix A.

EXHIBIT A 12

NEEDS SURVEY

REGION III

DEMOGRAPHIC AND SOCIOECONOMIC INDICATORS

	Males in Low Occupation Status			Population below Poverty Level			Youth Dependency Ratio			Aged Dependency Ratio			Household with 1.01 + Persons/Room			Recent Movers (1963-70)			Indian population as a % of total county population			Summary Score	Rank
	Rate	Rank	Wt	Rate	Rank	Wt	Rate	Rank	Wt	Rate	Rank	Wt	Rate	Rank	Wt	Rate	Rank	Wt	Rate	Rank	Wt		
BIG HORN	34.1	4	1	25.3	1	1	82.5	1	2	12.9	10	2	41.9	1	1	24.5	2	1	38.9	1	2	32	1
CARBON	23.3	9	1	19.2	3	1	60.1	9	2	33.1	1	2	15.3	8	1	23.2	5	1	0.4	6	2	57	4
FERGUS	25.0	10	1	14.9	8	1	74.5	2	2	25.7	7	2	20.0	2	1	24.5	2	1	0.5	4	2	48	2
* GOLDEN VALLEY	22.7	11	1	11.7	11	1	59.1	11	2	29.4	4	2	16.4	7	1	8.7	11	1	0.1	9	2	88	11
JUDITH BASIN	36.7	3	1	15.2	7	1	70.0	3	2	25.9	6	2	17.1	6	1	15.7	9	1	0.3	7	2	57	4
MUSSELSHELL	43.3	1	1	19.2	3	1	63.1	7	2	29.9	2	2	19.2	3	1	15.2	10	1	0.05	11	2	57	4
PETROLEUM	29.5	8	1	17.8	5	1	60.6	8	2	12.0	11	2	18.1	5	1	24.1	4	1	0.3	7	2	74	10
STILLWATER	30.7	7	1	13.7	9	1	63.5	6	2	27.2	5	2	15.2	9	1	20.6	6	1	0.5	4	2	61	8
SWEET GRASS	37.5	2	1	23.6	2	1	59.3	10	2	29.8	3	2	13.2	11	1	20.5	7	1	0.07	10	2	68	9
WHEATLAND	33.9	5	1	16.3	6	1	64.6	5	2	25.3	8	2	18.9	4	1	18.7	8	1	0.7	3	2	55	3
YELLOWSTONE	31.2	6	1	12.1	10	1	67.1	4	2	13.9	9	2	14.2	10	1	27.8	1	1	1.2	2	2	57	4
TOTAL	31.3	-	1	14.3	-	1	67.9	-	2	17.5	-	2	17.1	-	1	25.6	-	1	3.8	-	2		

* Non-Participating Counties

See footnotes on the last page of Appendix A.

EXHIBIT A 13

NEEDS SURVEY

REGION IV

SOCIOECONOMIC AND DEMOGRAPHIC INDICATORS

	Males in Low Occupation Status			Population below Poverty Level			Youth Dependency Ratio			Aged Dependency Ratio			Household with 1.01 And Persons/Room			Recent Movers (1968-70)			Indian population as a% of total county population			Summary Score	Rank
	Rate	Rank	Wt	Rate	Rank	Wt	Rate	Rank	Wt	Rate	Rank	Wt	Rate	Rank	Wt	Rate	Rank	Wt	Rate	Rank	Wt		
BEAVERHEAD	40.0	5	1	17.4	4	1	63.9	8	2	18.8	10	2	19.1	7	1	31.1	3	1	0.4	9	2	73	8
BROADWATER	32.6	9	1	23.1	2	1	73.5	1	2	24.4	3	2	24.3	1	1	26.3	6	1	0.8	6	2	38	1
DEER LODGE	47.9	3	1	10.8	10	1	71.0	3	2	18.9	9	2	23.6	2	1	24.5	9	1	1.5	2	2	52	3
* GALLATIN	31.4	11	1	11.1	9	1	56.8	12	2	14.7	12	2	12.3	12	1	37.3	1	1	0.3	10	2	101	12
* GRANITE	49.6	2	1	15.8	5	1	64.5	7	2	20.7	5	2	17.6	8	1	31.5	2	1	0.7	7	2	55	4
JEFFERSON	37.4	8	1	13.4	7	1	71.0	3	2	19.3	8	2	22.2	4	1	27.0	5	1	1.2	5	2	56	6
LEWIS & CLARK	26.9	12	1	8.8	12	1	68.4	6	2	17.6	11	2	16.2	9	1	29.3	4	1	1.5	2	2	75	9
* MADISON	38.1	6	1	18.1	3	1	62.5	10	2	27.0	1	2	15.2	10	1	26.3	6	1	1.6	1	2	49	2
* MEAGHER	58.8	1	1	24.9	1	1	62.9	9	2	19.9	6	2	22.5	3	1	21.2	10	1	0.6	8	2	61	7
PARK	31.5	10	1	14.3	6	1	60.6	11	2	26.1	2	2	13.7	11	1	25.5	8	1	0.3	10	2	81	11
* POWELL	44.0	4	1	9.5	11	1	71.0	3	2	19.6	7	2	20.5	5	1	20.8	11	1	1.5	2	2	55	4
SILVER BOW	37.9	7	1	11.4	8	1	68.7	5	2	22.1	4	2	19.7	6	1	19.8	12	1	0.2	12	2	75	9
TOTAL	35.6	-	1	11.8	-	1	65.5	-	2	19.4	-	2	17.6	-	1	27.2	-	1	0.9	-	2		

* Non-Participating Counties

See footnotes on the last page of Appendix A.

EXHIBIT A 14

NEEDS SURVEY

REGION V

SOCIOECONOMIC AND DEMOGRAPHIC INDICATORS

	Males in Low Occupation Status			Population below Poverty Level			Youth Dependency Ratio			Aged Dependency Ratio			Household with 1.01 And Persons/Room			Recent Movers (1968-70)			Indian population as a % of total county population			Summary Score	Rank
	Rate	Rank	Wt	Rate	Rank	Wt	Rate	Rank	Wt	Rate	Rank	Wt	Rate	Rank	Wt	Rate	Rank	Wt	Rate	Rank	Wt		
FLATHEAD	39.0	4	1	12.9	4	1	74.5	4	2	19.3	4	2	20.8	4	1	26.1	3	1	0.8	6	2	43	5
LAKE	38.5	5	1	22.3	1	1	76.3	2	2	26.8	2	2	25.6	2	1	23.8	6	1	15.2	1	2	24	1
LINCOLN	46.0	2	1	7.1	7	1	76.5	1	2	10.1	7	2	27.4	1	1	32.4	2	1	1.2	3	2	34	2
* MINERAL	57.1	1	1	8.4	6	1	75.0	3	2	15.0	5	2	25.4	3	1	23.8	6	1	0.5	7	2	46	6
MISSOULA	33.8	7	1	11.2	5	1	62.5	7	2	13.5	6	2	15.4	7	1	32.8	1	1	1.1	4	2	54	7
RAVALLI	37.9	6	1	18.6	2	1	69.5	6	2	28.6	1	2	18.2	6	1	26.0	4	1	1.0	5	2	42	4
SANDERS	42.1	3	1	14.0	3	1	69.9	5	2	24.8	3	2	19.9	5	1	25.0	5	1	5.4	2	2	36	3
TOTAL	38.2	-	1	13.0		1	69.6	-	2	17.6	-	2	19.8	-	1	29.0	-	1	2.5	-	2		

* Non-Participating Counties

See footnotes on the last page of Appendix A.

FOOTNOTES TO EXHIBITS A 1 TO A 14

NEEDS SURVEY:	SOURCE
.SOCIOECONOMIC AND DEMOGRAPHIC INDICATORS - EXHIBITS A 4, A 10 to A14	
- Percent of males 16 years and over who are in low occupation status (1970)	
- Percent of families below poverty level (1970)	
- Youth dependency ratio i.e. persons under 18 years per 100 persons 18-64 years (1970)	
- Aged dependency ratio i.e. persons 65 and over per 100 persons 18-64 years (1970)	- U.S. Bureau of Census - 1970 Population and Housing Statistics
- Percent of household population in housing units with 1.01 or more persons per room(1970)	
- Percent of household population who moved into present residence 1960-1970, i.e. recent movers (1970)	
- Indian population as a percent of total county/region population (1970)	
.SOCIAL AND HEALTH INDICATORS EXHIBITS A 5 to A 9	
- Marriage dissolutions, including divorces and annulments, per 1000 population. (1974)	- 1974 Montana Vital Statistics - Bureau of Records and Statistics
- Infant mortality ratio i.e. number of deaths under one year of age per 1000 live births (5 years 1970-1974)	- Bureau of Records and Statistics
- Suicide ratio i.e. number of suicides per 1000 population (1974)	- 1974 Montana Vital Statistics Bureau of Records and Statistics
- Welfare recipients i.e. recipients receiving medical assistance per 1000 population (1976)	- Montana Department of Social and Rehabilitative Services
.RESOURCE SURVEY EXHIBIT A 2	
- Scheduled hours per 1000 population (May 1976)	- Community Mental Health Centers
- Estimated scheduled hours per 1000 population (private practitioners) (May 1976)	- Community Mental Health Centers
- Estimated scheduled hours per 1000 population (1976)	- Superintendent of Public Instruction and Commission of Higher Education

APPENDIX B

NARRATIVE DESCRIPTION OF CATCHMENT AREAS

OVERVIEW

The develcpment of community mental health services in Montana (population: 694,409 in '70 census) has been episodic in its growth. As an aftermath of World War II, mental hygiene clinics were started in 1948 as an outgrowth of the State Hospital and provided primarily outpatient care. In 1968, the first center was opened in Miles City but it was not until 1972 that the five basic services of inpatient, emergency, day care, outpatient and consultation/education were actually in effect in three catchment areas. By 1975 all five regions of the State were federally funded and providing the basic services making Montana the fifth state in the country to offer center services to the total population. However, these operations, minimally funded and having a huge geographic area to cover, were insufficient to appreciably effect the state hospital population. The growing disenchantment in the country to mental institutional care was evidenced in Montana in 1974-1975. A strike at Warm Springs State Hospital and Boulder River School and Hospital led to the National Guard being called in for six weeks and those returning citizens passed the word on the conditions existing in these institutions. The Ministerial Association produced a film "Them & Us" graphically portraying the plight of the institutionalized mentally ill and retarded. On the national level federal judges were taking action through court decisions to liberalize some of the outmoded customs governing the institutions with a strong emphasis on Civil Rights. The 1974 Montana Legislature passed Senate Bill 377 (R.C.M. 1947, Chapter 13), the Commitment Bill, to take effect July, 1975 which was a major step in

restoring civil rights to the institutionalized mentally ill, mandated improvements in care and custody, set up procedures for screening and aftercare and gave greatly increased thrust to community care. A new director of the Department of Institutions was hired in August, 1975 and in December, 1975 a major contract was signed with the five centers and Warm Springs State Hospital whereby funds were diverted from the hospital for greatly expanded screening and aftercare efforts in the community as mandated in R.C.M. 1947, Chapter 13.

The population at Warm Springs State Hospital reached 1,600 at its height in 1961, slowly descended to 903 by July, 1975 and in the last fifteen months has continued to decline. Obviously, a lot has happened in 1976. The pace has quickened and the demand for community alternatives to institutionalization has increased. However, the mental health centers and the local communities are unprepared for these new demands. Community alternatives are not existent and must be developed. As of March, 1976 only one halfway house for the mentally ill existed in Montana. Sheltered workshops, group homes, foster homes are all in short supply. Community attitudes are untested.

The Department of Institutions sees the regional approach as the logical and most beneficial approach to developing adequate community alternatives. A county or city method of delivery of services would be too diffuse and haphazard. There already exists the nuclei of a regional approach in the existing five mental health centers. However, to expand and increase the scope of these regional centers will be a monumental task, one requiring careful and considerate planning. A large scale increase in community alternatives to institutional care through close cooperation and coordination with existing agencies is required to meet

current goals and objectives.

REGIONAL DEVELOPMENT OF MENTAL HEALTH SERVICES

In 1965 the State Mental Health Program consisted of five mental hygiene clinics which provided limited outpatient services, and Warm Springs State Hospital or residents requiring inpatient psychiatric treatment. These mental hygiene clinics were located in Montana's five largest cities - Billings (Region III), Great Falls (Region II), Butte and Helena (Region IV), and Missoula (Region V).

Legislation was enacted in response to needs identified in Montana's first State Plan for Mental Health Services (June 30, 1965) which resulted in establishing Eastern Montana Regional Community Mental Health Center (Region I) in December 1967. The remaining four comprehensive community mental health centers were established in the following chronological order.

DATE ESTABLISHED	NAME	REGION	NO. OF COUNTIES IN CATCHMENT AREA
January 1, 1971	Western Montana Regional Community Mental Health Center	V	7
September 1, 1971	South Central Montana Regional Mental Health Center	III	11
August 1, 1974	Northcentral Montana Community Mental Health Center	II	9
November 1, 1974	Southwest Montana Regional Community Mental Health Center	IV	12

On August 24, 1971 a Governor's Executive Order established 12 multi-county districts for use in planning and administration. This was amended on October 29, 1973 by Governor's Executive Order 7-73 which directed all state agencies that could most productively serve the state with fewer than 12 districts to adopt the following five administrative regions as displayed in Exhibit A15.

Region I	Districts 1, 2, and 3
Region II	Districts 4 and 5
Region III	Districts 6 and 7
Region IV	Districts 8, 9, and 12
Region V	Districts 10 and 11

Exhibit 5 (Section III) provides a broad perspective of the State's current mental health delivery system and displays the percent of population within regions having relative access to existing mental health programs (i.e. population for counties in which facilities for specific services are located divided by the total regional population). As indicated by this exhibit the State currently falls far short in meeting state and federal goals and objectives to provide uniform and accessible comprehensive mental health services to all residents, and minimize inappropriate institutionalization. Further, this exhibit provided a basis for prioritizing the relative need for specific services required to meet these goals as follows:

.Transitional services.

.Specialized services for Indians, children and elderly.

.Partial hospitalization.

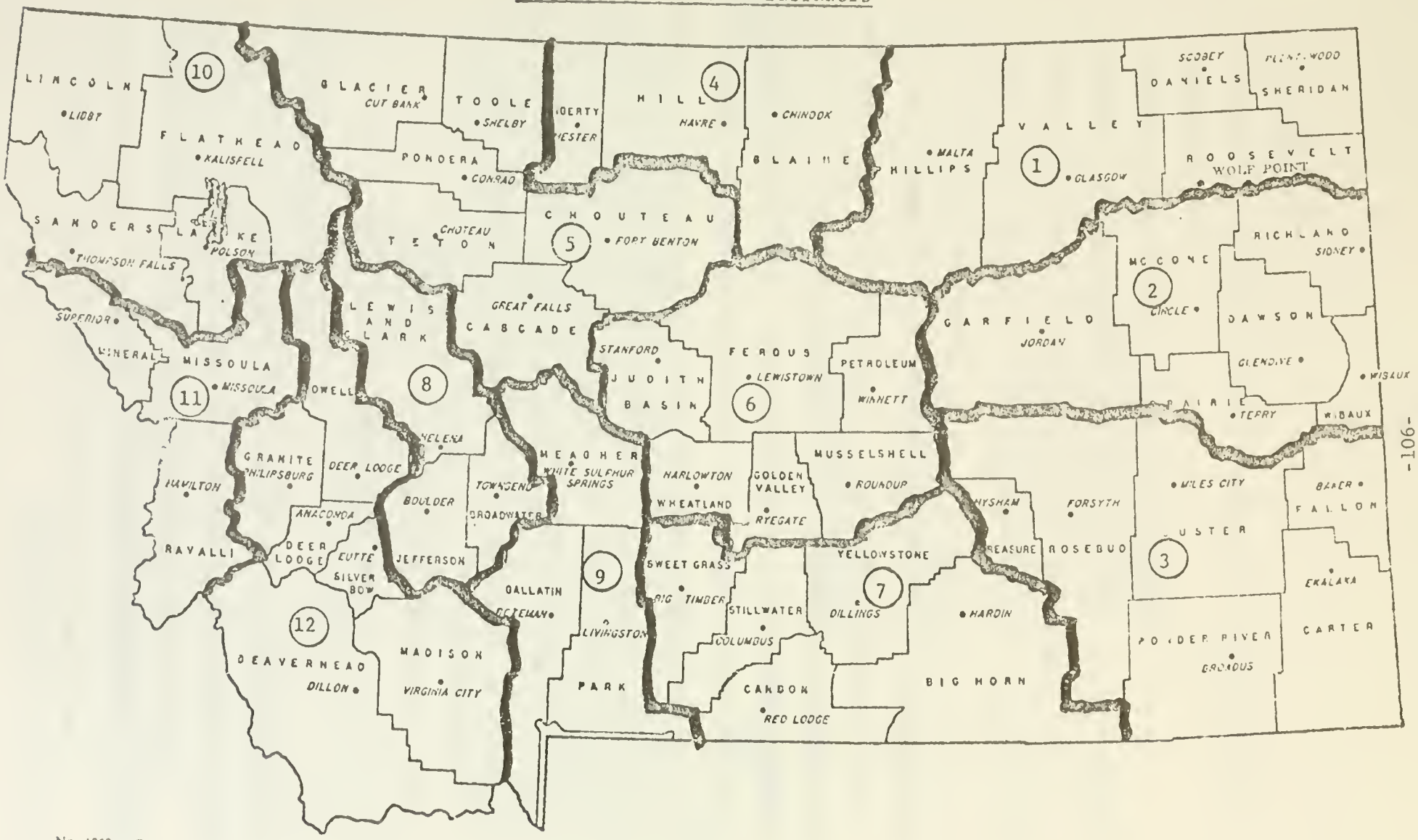
.Specialized services for drug and alcohol abuse.

.Emergency care.

.Outpatient, aftercare, screening and evaluation, and consultation and education.

EXHIBIT A 15

MONTANA MULTI-COUNTY DISTRICTS



No. 1052 — County Outline Map
STATE PUBLISHING COMPANY
Helena

In addition, similar exhibits are presented below for each catchment area to assist Regional Community Mental Health Boards in planning for additional programs and location of facilities.

For example in Region I, Roosevelt County is ranked as having the highest relative need for mental health services while only six of twelve services are provided in the county.

As displayed in Exhibit A16, Montana's seven Indian reservations are located in the following catchment areas:

Region I - Fort Peck
North Cheyenne

Region II - Rocky Boy
Blackfeet

Region III - Crow

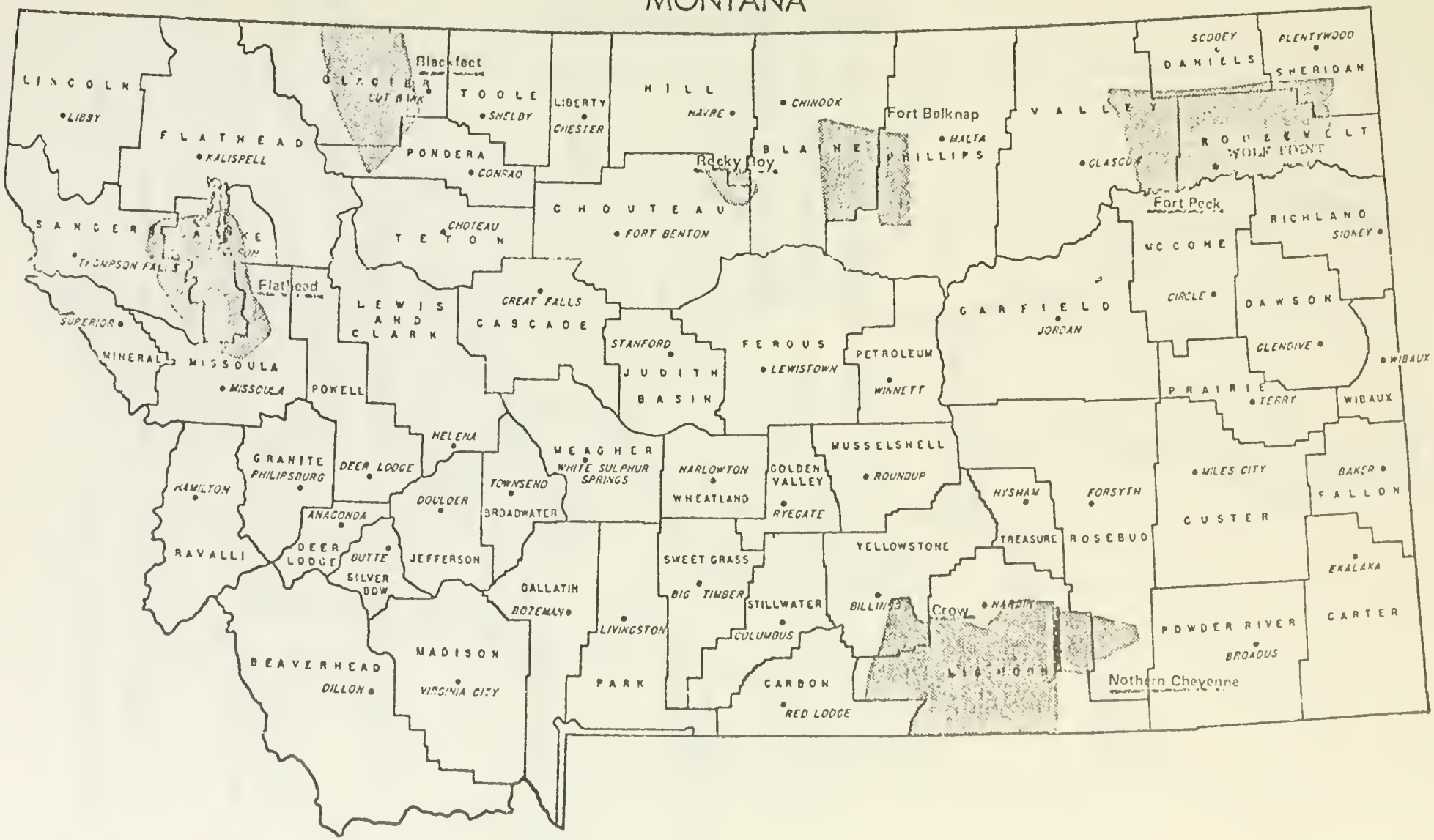
Region V - Flathead

The remaining reservation, Fort Belknap overlaps regional boundaries, portions are located in both Region I and II.

Exhibit A17 delineates the regional boundaries and identifies the location of mental health centers and satellites.

INDIAN RESERVATIONS

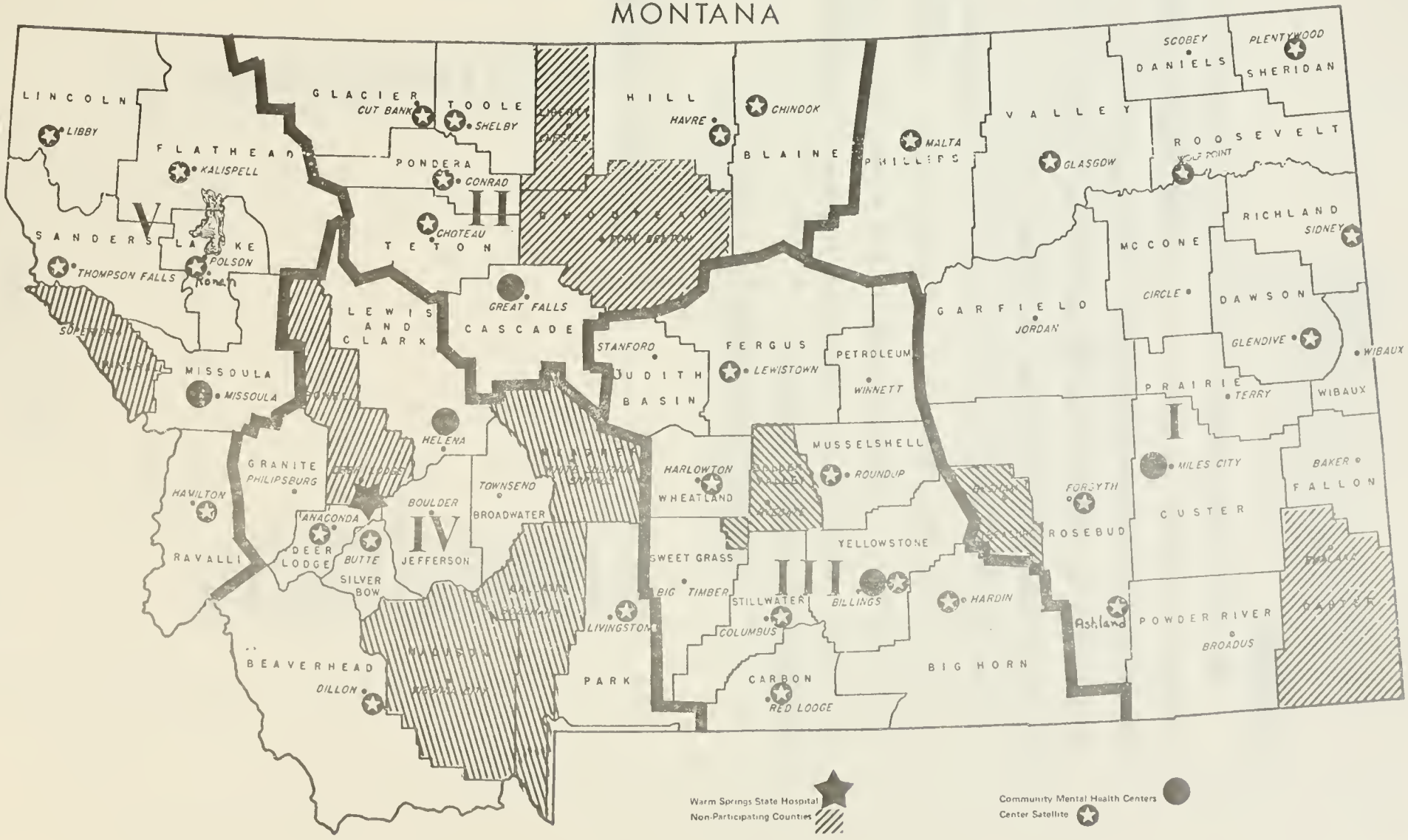
MONTANA



No. 1052 — County Outline Map

STATE PUBLISHING COMPANY
Helena

MENTAL HEALTH REGIONS IN MONTANA



OCTOBER, 1976

No. 1031 —County Outlin. Map (50 to a pad)
STATE PUBLISHING COMPANY
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DEMOGRAPHIC

The Eastern Montana Mental Health Region which consists of 17 counties, encompasses one third of the State and lies entirely within the Second U.S. Congressional District. The catchment area is bordered on the north by Canada; on the east by North and South Dakota; on the south by Wyoming; and on the west by Regions II and III.

The program's central facility and administrative headquarters are located in Miles City, Montana's tenth largest city. 1970 population - 9,023 (Source: U.S. Bureau of Census, 1970 Population and Housing Statistics). Exhibit A17 identifies the geographic location of the center's satellites and facilities.

COUNTIES AND POPULATION OF CATCHMENT AREA

COUNTIES	(1974 EST.)[1] TOTAL POPULATION
Carter	1,900
Custer	12,300
Daniels	3,200
Dawson	10,900
Fallon	3,900
Garfield	1,600
McCone	2,700
Phillips	5,500
Powder River	2,200
Prairie	1,900
Richland	9,900
Roosevelt	10,500
Rosebud	7,700
Sheridan	5,300
Treasure	1,200
Valley	13,000
Wibaux	1,400
TOTAL	95,100

1 Source: Montana State Department of Health and Environmental Sciences, Bureau of Records and Statistics, 1974 Montana Vital Statistics.

SPECIAL CHARACTERISTICS

The region's catchment area comprises a 47,852 square mile area which is essentially rural and sparsely populated. In addition to overcoming physcial distances to provide mental health services, travel is hampered in the winter months by sub-zero temperatures and heavy snowfalls.

SERVICES

The region's mental health delivery system and current staffing patterns are presented in Exhibits A18, A19, and A20 respectively.

EXHIBIT A 18

MHA MENTAL HEALTH RESOURCES SURVEY

REGION I

LOCATION OF RESOURCE	OWNERSHIP OF FACILITY	TYPE OF FACILITY	BEDS			MENTAL HEALTH PERSONNEL WEEKLY HOURS			
			INPATIENT TREATMENT		TRANSITIONAL OR INTERMEDIATE	COMMUNITY MENTAL HEALTH CENTER	PRIVATE PRACTITIONERS	UNIVERSITY AND PUBLIC SCHOOL SYSTEMS	PHS AND VA FACILITIES
			ACUTE	LONG - TERM					
EASTERN MONTANA REGIONAL MENTAL HEALTH CENTER MILES CITY	PRIVATE NON-PROFIT	6	1	90 2		348	-	-	-
CENTER SATELLITE ASHLAND	PRIVATE NON-PROFIT	6				44	-	-	-
CENTER SATELLITE FORSYTH	PRIVATE NON-PROFIT	6				40	-	-	-
CENTER SATELLITE GLASGOW	PRIVATE NON-PROFIT	6				160	-	-	-
CENTER SATELLITE PLENTYWOOD	PRIVATE NON-PROFIT	6				40	-	-	-
CENTER SATELLITE GLENDIVE	PRIVATE NON-PROFIT	6				80	-	-	-
PHS INDIAN HEALTH CENTER POPLAR	FEDERAL/ OTHER	7				-	-	-	160 3
PHS INDIAN HEALTH CENTER LAME DEER	FEDERAL/ OTHER	7				-	-	-	120
PSYCHOLOGIST	PRIVATE PRACTICE	14				-	36	-	-

1 Generally inpatient bed capacity is underutilized - accordingly beds are available on an as needed basis.
2 90 beds at Warm Springs State Hospital are assigned to the total Region.
3 Includes a Regional Community Mental Health Center employer - Mental Health Worker.

EXHIBIT A 19

EXISTING MENTAL HEALTH PROGRAMS AND FACILITIES

REGION 1

COUNTIES	POPULATION * (Estimated 1974)	OVERALL 1/ RANK	INPATIENT	OUTPATIENT CONSULTATION AND EDUCATION, AFTERCARE COURT CONSULTATION	SERVICES Partial Hospitalization/Day Care	EMERGENCY	ELDERLY 1/ Rank		CHILDREN 1/ Rank		ALCOHOL	DRUG	TRANSITION CARE
CARTER	1,900	15	X				6		16				
CUSTER	12,300	5	X	X	X	X	5	X	13	X	X		
DANIELS	3,200	13	X				1		14		X		
DAWSON	10,900	7	X	X		X	14		3		X		
FALLON	3,900	12	X				15		8				
GARFIELD	1,600	17	X				16		15		X		
McCONE	2,700	11	X				10		9		X		
PHILLIPS	5,500	3	X				2		4		X		
POWDER RIVER	2,200	8	X				17		6				
PRAIRIE	1,900	16	X				4		17				
RICHLAND	9,900	8	X				11		10		X		
ROOSEVELT	10,500	1	X	X			12		1		X		
ROSEBUD	7,700	2	X	X			9		5		X		
SHERIDAN	5,300	14	X	X			7		12		X		
TREASURE	1,200	6					8		11				
VALLEY	13,000	4	X	X	X	X	13		2		X		
WIBAUX	1,400	8					3		7				
TOTAL	95,100												

1/ Ranking based on prevalence of need indicators used to determine relative and potential need for mental health services (see Exhibits A 5 and A 14)

X Indicates that facilities for this service are located within the county.

* Source - Montana State Department of Health and Environmental Sciences, Bureau of Records and Statistics - Montana Vital Statistics (1974) - 1974 Est. Population.

EXHIBIT A 20

COMMUNITY MENTAL HEALTH CENTER PROFESSIONAL STAFFING PATTERNS

REGION I

LOCATION		PSYCHIATRISTS		PSYCHOLOGISTS		PSYCHIATRIC NURSES		PSYCHIATRIC SOCIAL WORKERS		MENTAL HEALTH WORKERS		OTHER MENTAL HEALTH WORKERS		OCCUPATIONAL THERAPISTS		TOTAL	
COUNTY	CITY	NUMBER	FTE	NUMBER	FTE	NUMBER	FTE	NUMBER	FTE	NUMBER	FTE	NUMBER	FTE	NUMBER	FTE	NUMBER	FTE
CUSTER	MILES CITY	1	1	2	2	3	2.5	1	1	-	-	2	2	1	0.2	10	8.7
ROSEBUD	ASHLAND	-	-	1	0.1	-	-	1	1	-	-	-	-	-	-	2	1.1
ROSEBUD	FORSYTH	-	-	1	1	-	-	-	-	-	-	-	-	-	-	1	1
VALLEY	GLASGOW	1	1	2	2	-	-	1	1	-	-	-	-	-	-	4	4
SHERIDAN	PLENTYWOOD	-	-	1	1	-	-	-	-	-	-	-	-	-	-	1	1
DAWSON	GLENDIVE	-	-	2	2	-	-	-	-	-	-	-	-	-	-	2	2
ROOSEVELT	POPLAR	-	-	-	-	-	-	-	-	-	-	1*	1*	-	-	1	1
TOTAL		2	2	9	8.1	3	2.5	3	3	-	-	3	3	1	0.2	21	18.8
TOTAL WEEKLY SCHEDULED HOURS		-	80	-	324	-	100	-	120	-	-		120		8		752

* Provides services at the Indian Public Health Service - Fort Peck Reservation.

DEMOGRAPHIC

The Northcentral Montana Mental Health Region consists of a total of nine counties. Of these counties Glacier, Toole, Liberty, and Pondera are within the First U.S. Congressional District, while the remaining five counties fall within the Second or Eastern U.S. Congressional District. Region II is bordered on the north by Canada; to the east by Region I; on the east by Regions III and IV; and to the west by Region V.

The program's central facility and administrative headquarters are located in Great Falls, Montana's second largest city - 1970 population - 60,091 (Source: U.S. Bureau of Census, 1970 Population and Housing Statistics). Exhibit A17 identifies the geographic location of the center's satellites and facilities.

COUNTIES AND POPULATION OF CATCHMENT AREA

COUNTIES	(1974 EST.)[1] TOTAL POPULATION
Blaine	6,800
Cascade	84,300
Chouteau	6,400
Glacier	11,400
Hill	17,700
Liberty	2,300
Pondera	6,700
Teton	6,400
Toole	5,400
TOTAL	147,400

1 Source: Montana State Department of Health and Environmental Sciences, Bureau of Records and Statistics, 1974 Montana Vital Statistics.

SPECIAL CHARACTERISTICS

The region's catchment area is approximately half the size of Region I and comprises 24,082 square miles. While almost 50% of the region's population live in Great Falls and Havre the remainder of the region is rural and sparsely populated.

SERVICES

The region's mental health delivery system and current staffing patterns are presented in Exhibits A21, A22, and A23 respectively.

EXHIBIT A 21

AREA MENTAL HEALTH RESOURCES SURVEY

REGION II

NAME AND LOCATION OF RESOURCE	OWNERSHIP OF FACILITY	TYPE OF FACILITY	BEDS			MENTAL HEALTH PERSONNEL WEEKLY HOURS			
			INPATIENT TREATMENT		TRANSITIONAL OR INTERMEDIATE	COMMUNITY MENTAL HEALTH CENTER	PRIVATE PRACTITIONERS	UNIVERSITY AND PUBLIC SCHOOL SYSTEMS	PHS AND IHS HEALTH SERVICES
			ACUTE	LONG - TERM					
NORTH CENTRAL COMMUNITY MENTAL HEALTH CENTER GREAT FALLS	PRIVATE NON-PROFIT	6	1	2 115		1090	-	-	
CENTER SATELLITE HAVRE	PRIVATE NON-PROFIT	6				200	-	-	
CENTER SATELLITE CUT BANK	PRIVATE NON-PROFIT	6				80	-	-	
CENTER SATELLITE SHELBY	PRIVATE NON-PROFIT	6				80	-	-	
CENTER SATELLITE CONRAD	PRIVATE NON-PROFIT	6				40	-	-	
CENTER SATELLITE CHOTEAU	PRIVATE NON-PROFIT	6				40			
PHS INDIAN HOSPITAL BROWNING	FEDERAL/ OTHER	7							40
PHS INDIAN HOSPITAL HARLEM	FEDERAL/ OTHER	7							40
PHS INDIAN HEALTH CENTER ELDER	FEDERAL/ OTHER	7							40

EXHIBIT A 21 (continued)

AREA MENTAL HEALTH RESOURCES SURVEY

REGION II

NAME AND LOCATION OF RESOURCE	OWNERSHIP OF FACILITY	TYPE OF FACILITY	BEDS			MENTAL HEALTH PERSONNEL WEEKLY HOURS			
			INPATIENT TREATMENT		TRANSITIONAL OR INTERMEDIATE	COMMUNITY MENTAL HEALTH CENTER	PRIVATE PRACTITIONERS	UNIVERSITY AND PUBLIC SCHOOL SYSTEMS	OTHER MENTAL HEALTH
			ACUTE	LONG - TERM					
			[1]	[2]					
PSYCHIATRISTS (4)	PRIVATE PRACTICE	14					160 [3]		
PSYCHOLOGISTS (3)	PRIVATE PRACTICE	14					120		
PSYCHOLOGISTS (13.4)								536	

1 Generally inpatient bed capacity is underutilized -accordingly the beds are available on an as needed basis.
2 115 beds at Warm Springs State Hospital are assigned to the total Region.
3 Includes one Psychologist employed by the U.S. Air Force.

EXHIBIT A 22

EXISTING MENTAL HEALTH PROGRAMS AND FACILITIES

REGION II

COUNTIES	POPULATION * (Estimated 1974)	OVERALL 1/ RANK	INPATIENT	OUTPATIENT CONSULTATION AND EDUCATION, AFTERCARE COURT CONSULTATION	SERVICES Partial Hospitalization/Day Care	EMERGENCY	ELDERLY 1/ Rank	CHILDREN 1/ Rank		ALCOHOL	DRUGS
BLAINE	6,800	1					2	2		X	
CASCADE	84,300	5	X	X	X	X	8	6	X	X	
CHOUTEAU	6,400	5	X	X			3	8			
GLACIER	11,400	1	X	X			6	1		X	
HILL	17,700	4	X	X		X	7	7		X	
LIBERTY	2,300	9	X				9	4			
PONDERA	6,700	3	X	X			4	3			
TETON	6,400	8	X	X			1	9			
TOOLE	5,400	7	X	X			5	5			
TOTAL	147,400										

1/ Ranking based on prevalence of need indicators used to determine relative and potential need for mental health services (See Exhibits A 5 and A 14

2/ X indicates that facilities for this service are located within the county.

* Source - Montana State Department of Health and Environmental Sciences, Bureau of Records and Statistics - Montana Vital Statistics (1974) - 1974 Est. Population.

EXHIBIT A 23

COMMUNITY MENTAL HEALTH CENTER PROFESSIONAL STAFFING PATTERNS

REGION II

LOCATION	PSYCHIATRISTS		PSYCHOLOGISTS		PSYCHIATRIC NURSES		PSYCHIATRIC SOCIAL WORKERS		MENTAL HEALTH WORKERS		OTHER MENTAL HEALTH WORKERS		OCCUPATIONAL THERAPISTS		TOTAL	
CITY CITY	NUMBER	FTE	NUMBER	FTE	NUMBER	FTE	NUMBER	FTE	NUMBER	FTE	NUMBER	FTE	NUMBER	FTE	NUMBER	TOTAL
CASCADE GREAT FALLS	-	-	3	3	2	2	8	7.25	7	7	7	7	1	1	28	27.25
HILL HAVRE	-	-	1	1	-	-	2	2	1	1	-	-	1	1	5	5
GLACIER CUT BANK	-	-	1	1	-	-	1	1	-	-	-	-	-	-	2	2
TOOLE SHELBY	-	-	1	1	1	1	-	-	-	-	-	-	-	-	2	2
PONDERA CONRAD	-	-	1	1	-	-	-	-	-	-	-	-	-	-	1	1
TETON CHOTEAU	-	-	1	1	-	-	-	-	-	-	-	-	-	-	1	1
TOTAL	-	-	8	8	3	3	11	10.25	8	8	7	7	2	2	39	38.25
TOTAL WEEKLY SCHEDULED HOURS	-	-	-	320		120	-	410		320		280		80		1530

DEMOGRAPHIC

The Southcentral Mental Health Region consists of eleven counties and is entirely within the Second U.S. Congressional District. The catchment area is bordered on the north by Regions I and II; to the east by Region I; the south by the State of Wyoming; and the west by Region IV.

The program's central facility and administrative headquarters are located in Billings, Montana's largest city. Exhibit A17 identifies the geographic location of the center's satellites and facilities.

COUNTIES AND POPULATION OF CATCHMENT AREA

COUNTIES	(1974 EST.)[1] TOTAL POPULATION
Big Horn	10,500
Carbon	7,900
Fergus	12,900
Golden Valley	900
Judith Basin	2,700
Musselshell	4,200
Petroleum	600
Stillwater	5,200
Sweet Grass	3,100
Wheatland	2,500
Yellowstone	94,300
TOTAL	144,800

1 Sources: Montana State Department of Health and Environmental Sciences, Bureau of Records and Statistics, 1974 Montana Vital Statistics.

SPECIAL CHARACTERISTICS

While approximately 65% of the region's total population are located

in Yellowstone the remaining ten counties are rural and sparsely populated. The region's catchment area comprises a 25,625 square mile area in which agriculture is the dominent industry.

SERVICES

The region's mental health delivery system and current staffing patterns are presented in Exhibits A24, A25, and A26 respectively.

EXHIBIT A.24

MHA MENTAL HEALTH RESOURCES SURVEY

REGION III

NAME AND LOCATION OF RESOURCE	OWNERSHIP OF FACILITY	TYPE OF FACILITY	BEDS			MENTAL HEALTH PERSONNEL WEEKLY HOURS			
			INPATIENT TREATMENT		TRANSITIONAL OR INTERMEDIATE	COMMUNITY MENTAL HEALTH CENTER	PRIVATE PRACTITIONERS	UNIVERSITY AND PUBLIC SCHOOL SYSTEMS	[illegible]
			ACUTE	LONG - TERM					
SOUTHCENTRAL MONTANA REGIONAL COMMUNITY MENTAL HEALTH CENTER BILLINGS	PRIVATE NON-PROFIT	6	1	2 115	8	852			
CENTER SATELLITE COLUMBUS	PRIVATE NON-PROFIT	6				40			
CENTER SATELLITE HARDIN	PRIVATE NON-PROFIT	6				120			
CENTER SATELLITE RED LODGE	PRIVATE NON-PROFIT	6				40			
CENTER SATELLITE ROUNDUP	PRIVATE NON-PROFIT	6				40			
CENTER SATELLITE HARLOWTON	PRIVATE NON-PROFIT	6				40			
CENTER SATELLITE LEWISTOWN	PRIVATE NON-PROFIT	6				80			
PSYCHIATRISTS (4)	PRIVATE PRACTICE	14					160		
PSYCHOLOGISTS (1)	PRIVATE PRACTICE	14					40		
PSYCHIATRIC SOCIAL WORKER (0.5)	PRIVATE PRACTICE	14					20		

EXHIBIT A 24 (continued)

AREA MENTAL HEALTH RESOURCES SURVEY

REGION III

[illegible] AND LOCATION OF [illegible]	[illegible]RSHIP OF [illegible]ILITY	TYPE OF FACILITY	BEDS			MENTAL HEALTH PERSONNEL WEEKLY HOURS			
			INPATIENT TREATMENT		TRANSITIONAL OR INTERMEDIATE	COMMUNITY MENTAL HEALTH CENTER	PRIVATE PRACTITIONERS	UNIVERSITY AND PUBLIC SCHOOL SYSTEMS	[illegible] AGENCIES
			ACUTE	LONG - TERM					
			1	2					
PSYCHOLOGISTS (16)								640	
MENTAL HEALTH PROFESSIONALS (3)								120	

1 Generally inpatient beds capacity is underutilized - accordingly beds are available on an as needed basis.
2 115 beds at Warm Springs State Hospital are assigned to the total Region.

EXHIBIT A 25

EXISTING MENTAL HEALTH PROGRAMS AND FACILITIES

REGION III

COUNTIES	POPULATION * (Estimated 1974)	OVERALL 1/ RANK	INPATIENT	OUTPATIENT CONSULTATION AND EDUCATION, AFTERCARE COURT CONSULTATION	SERVICES Partial Hospitalization/Day Care	EMERGENCY	ELDERLY 1/ Rank		CHILDR. 1/ R		ALCOHOL	DRUGS	ALL
BIG HORN	10,500	1	X	X			1		1		X		
CARBON	7,900	3	X	X			3		9		X		
FERGUS	12,900	6	X	X	X	X	8		2				
GOLDEN VALLEY	900	10					11		11				
JUDITH BASIN	2,700	8					7		3				
MUSSELSHELL	4,700	2	X	X			3		7				
PETROLEUM	600	11					5		8				
STILLWATER	5,200	7	X	X			9		6				
SWEET GRASS	3,100	9					2		10				
WHEATLAND	2,500	3	X	X			6		5				
YELLOWSTONE	94,300	5	X	X	X	X	10	X	4	X	X	X	8 beds
TOTAL	144,800												

1/ Ranking based on prevalence of need indicators used to determine relative and potential need for mental health services ... Exhibits A 5 and A 14)

2/ X Indicates that facilities for this service are located within the county.

* Source - Montana State Department of Health and Environmental Sciences, Bureau of Records and Statistics - Montana Vital Statistics (1974) - 1.4 x 1 Population.

EXHIBIT A 26

COMMUNITY MENTAL HEALTH CENTER PROFESSIONAL STAFFING PATTERNS

REGION III

LOCATION		PSYCHIATRISTS		PSYCHOLOGISTS		PSYCHIATRIC NURSES		PSYCHIATRIC SOCIAL WORKERS		MENTAL HEALTH WORKERS		OTHER MENTAL HEALTH WORKERS		OCCUPATIONAL THERAPISTS		TOTAL	
COUNTY	CITY	NUMBER	FTE	NUMBER	FTE	NUMBER	FTE	NUMBER	FTE	NUMBER	FTE	NUMBER	FTE	NUMBER	FTE	NUMBER	TOTAL
YELLOW-STONE	BILLINGS	3	0.3	4	4	2	1.5	5	4.5	9	9	1	1	1	1	25	21.3
STILL-WATER	COLUMBUS	-	-	1	1	-	-	-	-	-	-	-	-	-	-	1	1
BIG HORN	HARDIN	-	-	1	1	-	-	1	1	1	1	-	-	-	-	3	3
CARBON	RED LODGE	-	-	1	1	-	-	-	-	-	-	-	-	-	-	1	1
MUSSEL-SHELL	ROUNDUP	-	-	1	1	-	-	-	-	-	-	-	-	-	-	1	1
WHEAT-LAND	HARLOWTON	-	-	1	1	-	-	-	-	-	-	-	-	-	-	1	1
FERGUS	LEWISTOWN	-	-	1	1	1	1	-	-	-	-	-	-	-	-	2	2
TOTAL		3	0.3	10	10	3	2.5	6	5.5	10	10	1	1	1	1	34	30.3
TOTAL WEEKLY SCHEDULED HOURS		-	12	-	400	-	100	-	220		400	-	40	-	40		1252 *

* Includes 1 full-time teacher in the Children's Day Care Program in Yellowstone.

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DEMOGRAPHIC

The Southwest Montana Mental Health Region consists of twelve counties and lies within the First U.S. Congressional District. It is the most urbanized of Montana's five mental health regions, and contains four of the state's ten largest cities - Anaconda, Bozeman, Butte and Helena. The catchment area is bordered on the north by Region II; to the east by Region III; south by Yellowstone National Park (Wyoming) and by the State of Idaho; and to the west by Region V and Idaho State.

The program's central facility and administrative headquarters are located in Butte, Montana's fourth largest city. Exhibit A17 identifies the geographic location of the center's four satellites and facilities.

COUNTIES AND POPULATION OF CATCHMENT AREA

COUNTIES	(1974 EST.)[1] TOTAL POPULATION
Beaverhead	8,300
Broadwater	2,700
Deer Lodge	15,100
Gallatin	36,000
Granite	2,700
Jefferson	6,900
Lewis and Clark	36,000
Madison	5,900
Meagher	2,100
Park	11,900
Powell	7,400
Silver Bow	43,200
TOTAL	178,200

1 Sources: Montana State Department of Health and Environmental Sciences, Bureau of Records and Statistics, 1974 Montana Vital Statistics.

SPECIAL CHARACTERISTICS

The 28,690 square miles of Region IV's catchment area can be described as semi-arid and mountainous. Since counties of the Region lie both to the east and to the west of the Continental Divide, travel is often circuitous. It may be necessary to travel 150 miles to cover an air distance of 25 miles. Mountain passes between Butte and Helena and between Butte and Bozeman make winter travel hazardous. Smaller mountain passes in other parts of the catchment area have similar effects on winter travel which often is completely halted by weather and road conditions.

The urban population of the region is concentrated in Deer Lodge, Gallatin, Lewis and Clark, and Silver Bow Counties. Smelting and mining are the major industries in Deer Lodge County (Anaconda) and Silver Bow County (Butte). Bozeman, in Gallatin County, is the seat of Montana State University and the State Capitol is located at Helena in Lewis and Clark County. The State's only psychiatric hospital is located at Warm Springs in Powell County and other state institutions such as the State Prison, Boulder River School and Hospital, and Galen State Hospital, an Alcoholic Treatment Center are located within the catchment area. The counties of Beaverhead, Broadwater, Granite, Jefferson, Madison, Meagher, Powell, and Park are essentially rural and sparsely populated.

SERVICES

The region's mental health delivery system and current staffing patterns are presented in Exhibits A27, A28, and A29 respectively.

EXHIBIT A 27

AREA MENTAL HEALTH RESOURCES SURVEY

REGION IV

NAME AND LOCATION OF RESOURCE	OWNERSHIP OF FACILITY	TYPE OF FACILITY	BEDS			MENTAL HEALTH PERSONNEL WEEKLY HOURS			
			INPATIENT TREATMENT		TRANSITIONAL OR INTERMEDIATE	COMMUNITY MENTAL HEALTH CENTER	PRIVATE PRACTITIONERS	UNIVERSITY AND PUBLIC SCHOOL SYSTEMS	VETERANS ADMINISTRATION HOSPITAL
			ACUTE	LONG - TERM					
SOUTHWESTERN MONTANA REGIONAL COMMUNITY MENTAL HEALTH CENTER BUTTE	PRIVATE NON-PROFIT	6	1	2 242		320			
CENTER SATELLITE HELENA	PRIVATE NON-PROFIT	6				220			
CENTER SATELLITE ANACONDA	PRIVATE NON-PROFIT	6				80			
CENTER SATELLITE DILLON	PRIVATE NON-PROFIT	6				40			
CENTER SATELLITE LIVINGSTON	PRIVATE NON-PROFIT	6				80			
PSYCHOLOGISTS (8)	PRIVATE PRACTICE						320		
PSYCHIATRIST (1)								40	
PSYCHOLOGISTS (16)								640	

1 Generally inpatient bed capacity is underutilized - accordingly beds are available on an as needed basis.
2 242 beds at Warm Springs State Hospital are assigned to the total Regions.

EXHIBIT A 28

EXISTING MENTAL HEALTH PROGRAMS AND FACILITIES

REGION IV

COUNTIES	POPULATION * (Estimated 1974)	OVERALL 1/ RANK	SERVICES 2/ INPATIENT	OUTPATIENT CONSULTATION AND EDUCATION, AFTERCARE COURT CONSULTATION	Partial Hospitalization/Day Care	EMERGENCY	ELDERLY 1/ Rank	CHILDREN 1/ Rank	ALCOHOL	DRUGS	TRANSI
BEAVERHEAD	8,300	9	X	X			10	8	X		
BROADWATER	2,700	1	X				3	1			
DEER LODGE	15,100	3	X	X			9	3	X	X	
GALLATIN	36,000	12	X	X**			12	12	X	X	
GRANITE	2,700	5	X				5	7			
JEFFERSON	6,900	2	X				8	3			
LEWIS & CLARK	36,000	7	X	X	X	X	11	6	X	X	
MADISON	5,900	5	X				1	10			
MEAGHER	2,100	10	X				6	9			
PARK	11,900	11	X	X		X	2	11	X		
POWELL	7,400	4	X				7	3			
SILVER BOW	43,200	8	X	X	X	X	4	5	X	X	
TOTAL	178,200										

1/ Ranking based on prevalence of need indicators used to determine relative and potential need for mental health services (see Exhibits A 5 and 14

2/ X indicates that facilities for this service are located within the county.

* Source - Montana State Department of Health and Environmental Sciences, Bureau of Records and Statistics - Montana Vital Statistics (1974) - 1974 Estimated Population.

** Mental Hygiene Clinic - only provides out-patient services.

EXHIBIT A 29

COMMUNITY MENTAL HEALTH CENTER PROFESSIONAL STAFFING PATTERNS

REGION IV

LOCATION		PSYCHIATRISTS		PSYCHOLOGISTS		PSYCHIATRIC NURSES		PSYCHIATRIC SOCIAL WORKERS		MENTAL HEALTH WORKERS		OTHER MENTAL HEALTH WORKERS		OCCUPATIONAL THERAPISTS		TOTAL	
COUNTY	CITY	NUMBER	FTE	NUMBER	FTE	NUMBER	FTE	NUMBER	FTE	NUMBER	FTE	NUMBER	FTE	NUMBER	FTE	NUMBER	TOTAL
SILVER BOW	BUTTE	1	1	2	2	2	2	-	-	2	2	1	1	-	-	8	8
LEWIS & CLARK	HELENA	1	1	2	2	2	2	-	-	-	-	-	-	1	0.5	6	5.5
DEER LODGE	ANACONDA	-	-	2	2	-	-	-	-	-	-	-	-	-	-	2	2
BEAVER-HEAD	DILLON	-	-	1	1	-	-	-	-	-	-	-	-	-	-	1	1
PARK	LIVINGSTON	-	-	1	1	1	1	-	-	-	-	-	-	-	-	2	2
TOTAL		2	2	8	8	5	5	-	-	2	2	1	1	1	0.5	19	18.5
TOTAL WEEKLY SCHEDULED HOURS		-	80	-	320	-	200	-	-	-	80	-	40	-	20	-	740

REGION V

DEMOGRAPHIC

The Western Montana Mental Health Region consists of seven counties and lies within the First U.S. Congressional District. The catchment area is bordered on the north by Canada; to the east by Glacier National Park and portions of Regions II and IV; to the south and west by the State of Idaho.

The program's central facility and administrative headquarters are located in Missoula, Montana's third largest city. Exhibit A17 identifies the geographic location of the Center's five satellites and facilities.

COUNTIES AND POPULATION OF CATCHMENT AREA

COUNTIES	(1974 EST.)[1] TOTAL POPULATION
Flathead	42,600
Lake	16,700
Lincoln	17,000
Mineral	3,600
Missoula	63,700
Ravalli	17,900
Sanders	7,800
TOTAL	169,300

1 Sources: Montana State Department of Health and Environmental Sciences, Bureau of Records and Statistics, 1974 Montana Vital Statistics.

SPECIAL CHARACTERISTICS

The 19,339 square miles of Region V's catchment area lie within the Rocky Mountains. The terrain is rugged, heavily forested, and with numerous basins and valleys, rivers and lakes. The population of the

catchment area is concentrated in the valleys. The University of Montana which has a student enrollment of more than 7,500 is located in Missoula, the largest trade and service center for the catchment area. With the exception of Kalispell in Flathead County all other communities in the region have populations of less than 3,000.

SERVICES

The region's mental health delivery system and current staffing patterns are presented in Exhibits A30, A31, and A32, respectively.

TABLE A 30

AREA MENTAL HEALTH RESOURCES SURVEY

REGION V

NAME AND LOCATION OF RESOURCE	OWNERSHIP OF FACILITY	TYPE OF FACILITY	BEDS			MENTAL HEALTH PERSONNEL (FTE) BY SOURCE			
			INPATIENT TREATMENT		TRANSITIONAL OR INTERMEDIATE	COMMUNITY MENTAL HEALTH CENTER	PRIVATE PRACTITIONERS	UNIVERSITY AND PUBLIC SCHOOL SYSTEMS	OTHER FACILITY TYPES
			ACUTE	LONG - TERM					
			1	2					
WESTERN MONTANA REGIONAL COMMUNITY MENTAL HEALTH CENTER MISSOULA	PRIVATE NON-PROFIT	6		118	4	400			
CENTER SATELLITE KALISPELL	PRIVATE NON-PROFIT	6				200			
CENTER SATELLITE RONAN	PRIVATE NON-PROFIT	6				40			
CENTER SATELLITE LIBBY	PRIVATE NON-PROFIT	6				40			
CENTER SATELLITE THOMPSON FALLS	PRIVATE NON-PROFIT	6				20			
CENTER SATELLITE HAMILTON	PRIVATE NON-PROFIT	6				60			
PSYCHIATRISTS (3)	PRIVATE PRACTICE	14					120		
PSYCHOLOGISTS (4)	PRIVATE PRACTICE	14					160		
PSYCHIATRISTS (1)								40	

EXHIBIT A 30 (continued)

AREA MENTAL HEALTH RESOURCES SURVEY

REGION V

NAME AND LOCATION OF RESOURCE	OWNERSHIP OF FACILITY	TYPE OF FACILITY	BEDS			MENTAL HEALTH PERSONNEL WEEKLY HOURS			
			INPATIENT TREATMENT		TRANSITIONAL OR INTERMEDIATE	COMMUNITY MENTAL HEALTH CENTER	PRIVATE PRACTITIONERS	UNIVERSITY AND PUBLIC SCHOOL SYSTEMS	PUBLIC HEALTH
			ACUTE	LONG - TERM					
			[1]	[2]					
PSYCHOLOGISTS (24.9)								996	
OTHER 2								80	
PHS INDIAN HEALTH CENTER ST. IGNATIUS	FEDERAL/ OTHER	7							40

[1] Generally inpatient bed capacity is underutilized - accordingly beds are available on an as needed basis.
[2] 118 beds at Warm Springs State Hospital are assigned to the total Region.

EXHIBIT A 31

EXISTING MENTAL HEALTH PROGRAMS AND FACILITIES

REGION V

COUNTIES	POPULATION * (Estimated 1974)	OVERALL 1/ RANK	INPATIENT	OUTPATIENT CONSULTATION AND EDUCATION, AFTERCARE COURT CONSULTATION	SERVICES Partial Hospitalization/Day Care	EMERGENCY	ELDERLY 1/ Rank	CHILDREN 1/ Rank		ALCOHOL	
FLATHEAD	42,600	5	X	X		X	4	4		X	
LAKE	16,700	1	X	X			2	2		X	
LINCOLN	17,000	3	X	X			7	1		X	
MINERAL	3,600	7					5	3			
MISSOULA	63,700	6	X	X	X	X	6	7	X	X	4 beds
RAVALLI	17,900	4	X	X			1	6			
SANDERS	7,800	2	X	X			3	5			
TOTAL	169,300										

1/ Ranking based on prevalence of need indicators used to determine relative and potential need for mental health services (See Exhibits A 5 and A 14)

2/ X indicates that facilities for this service are located within the county.

* Source - Montana State Department of Health and Environmental Sciences, Bureau of Records and Statistics - Montana Vital Statistics (1974) - 1974 Estimated Population.

EXHIBIT A 32

COMMUNITY MENTAL HEALTH CENTER PROFESSIONAL STAFFING PATTERNS

REGION V

LOCATION		PSYCHIATRISTS		PSYCHOLOGISTS		PSYCHIATRIC NURSES		PSYCHIATRIC SOCIAL WORKERS		MENTAL HEALTH WORKERS		OTHER MENTAL HEALTH WORKERS		OCCUPATIONAL THERAPISTS		TOTAL	
COUNTY	CITY	NUMBER	FTE	NUMBER	FTE	NUMBER	FTE	NUMBER	FTE	NUMBER	FTE	NUMBER	FTE	NUMBER	FTE	NUMBER	TOTAL
MISSOULA	MISSOULA	1	1	3	3	-	-	3	3	2	1.5	4 *	1.5 *	-	-	13	10
FLATHEAD	KALISPELL	1	1	2	2	-	-	1	1	1	1	-	-	-	-	5	5
LAKE	RONAN	-	-	1	1	-	-	-	-	-	-	-	-	-	-	1	1
LINCOLN	LIBBY	-	-	1	1	-	-	-	-	-	-	-	-	-	-	1	1
SANDERS	THOMPSON FALLS	-	-	-	-	-	-	-	-	1	0.5	-	-	-	-	1	0.5
RAVALLI	HAMILTON	-	-	-	-	-	-	1	1	1	0.5	-	-	-	-	2	1.5
TOTAL		2	2	7	7	-	-	5	5	5	3.5	4	1.5	-	-	23	19
TOTAL WEEKLY SCHEDULED HOURS		-	80	-	280	-	-	-	200	-	140	-	60	-	-	-	760

* Four Doctorate Candidates fulfilling practicum requirements

FOOTNOTES TO NOTE ON EXHIBITS A 18, A 21, A 24, A 27, and A 30.

-Type of facility coded as follows:

6 = Comprehensive Community Mental Health Center
7 = Other multiservice mental health facility
14 = Private office practice mental health professionals

STANDARDS FOR COMMUNITY MENTAL HEALTH CENTERS

I. INTRODUCTION

The "Standards for Community Mental Health Centers" March 21, 1974, is hereby rendered obsolete and is replaced by the following Standards:

PREFACE

As the major locus of service delivery in Montana shifts from the single multipurpose state institution to more diversified, locally based and community oriented service components, the state's obligation for coordination, monitoring, and funding becomes increasingly complex. The accompanying Standards serve to reflect both the specific mandates of Federal and Montana State law as well as the more intangible aspects of treatment delivery that we believed to be in concert with the present state-of-the-art.

Development of these Standards was the joint effort of a committee composed of staff from the Bureau of Mental Health, Regional Mental Health Center Board Chairmen or their delegated representative, and Directors from the five Regional Mental Health Centers. Necessarily, the final authority and responsibility for implementation of the Standards is vested in the Director, Department of Institutions. A permanent study committee has been established under the auspices of the Bureau of Mental Health to periodically review the Standards to insure their continued applicability. Additionally, comments from all concerned parties, including service recipients, will be solicited and where appropriate incorporated in revisions of the Standards.

Finally, it is recognized that treatment of the mentally ill is still in the embryonic stage of development and we have not yet achieved a level of sophistication that identifies a single modality as The Way. Consequently, an effort has been made to allow maximum flexibility to each center in meeting the particular mental health problems indigenous to their community, while concommitantly establishing uniform minimum standards for operation and maintenance.

Legal Authority

The Community Mental Health Center Act of 1963 as amended in 1975, stipulates that those states receiving federal funds for establishment of Comprehensive Mental Health Centers must include in their State Plan of Mental Health Services provision for the establishment and enforcement of Standards of maintenance and operation of community mental health centers:

> "provide minimum standards (to be fixed in the discretion of the State) for the maintenance and operation of centers which receive Federal aid under this title and provide for enforcement of such standards with respect to projects approved by the Secretary under this title". 1

Responsibility to establish and enforce such standards was delegated to the Department of Institutions by the Montana State Legislature, and are thus promulgated with the full sanction and authority of the legislature.[2]

The enforcement of community mental health standards can be accomplished most effectively through periodic review of the program. Reviews shall be conducted either separately or jointly by Federal and State consultants including site visits to review the services, records and premises of a center.

The Department of Institutions' authority or his representative shall conduct at least annual reviews of each center program. Additional reviews may be scheduled during the year. Centers found not conforming to the Standards and program plan may be placed on six-month probation period. Should satisfactory progress not be made in the judgment of the Department of Institutions, State funds may be withheld. Center may appeal decision to the Board of Institutions.

[1]Section 237, a(2,E), P.L. 94063

[2]R.C.M. 1947, Chapter 15 80-2802 (8)

APPENDIX C

STANDARDS OF MAINTENANCE AND OPERATION

I. ORGANIZATION AND ADMINISTRATION

Standard 1. The Regional Mental Health Governing Board, a private non-profit corporation, shall be responsible for, but not limited to, the following:

1.1 Annual review and evaluation of mental health needs and services within the region;

1.2 Preparation and submission of an annual plan and budget proposal for mental health services within the region;

1.3 Determination of a proportionate level of financial support for each county within the region;

1.4 Receipt and administration of funds and other support made available through grants, fees, taxes, donations, and/or provided for the development or operation of mental health services;

1.5 Employment and supervision of the Center Director;

1.6 Submission of the minutes of Board meetings and other monthly and annual reports required by the Department of Institutions;

1.7 Establishment of a community information program concerning the work of the Center, its staff, needs, limitation and duties;

1.8 Maintenance of written policies for Center operation;

1.9 Responsibility for receipt and disbursement of all funds made available to the Regional Mental Health Center. The Board's elected treasurer will have the primary responsibility for the Center and account system. Provision shall be made for adequate fiscal and accounting procedures;

1.10 Establishment of one or more Advisory boards who will study and make recommendations concerning the operations of the Center including services, utilization and impact, and the overall operation and budget of the regional mental health center. The Advisory board shall represent the residents of the area. At least one-half the members must not be providers of health care;

1.11 Conducting monthly hearings on program operations and expenditures;

1.12 Periodic evaluation of the Mental Health program in relation to program goals;

1.13 Maintaining a contractual agreement with the Department of Institutions in accordance with state law (24-2401-11).

1.14 Instituting by-laws consistent with the goals and standards established by state law.

Standard 2. The Director of the Regional Mental Health Center shall be responsible for, but not limited to, the following:

2.1 Implementing the policies established by the Board and managing the overall operation of the R.M.C.

2.3 Maintaining programs to deliver the twelve (12) essential services;

2.4 Development and expansion of preventive, rehabilitative and treatment programs;

2.5 Direction and coordination of staff work.

Standard 3. The Personnel Policies of the Centers shall include the following:

3.1 Preparation of an Affirmative Action Plan in accordance with Executive Order 11246 (Revised Order Number 4 issued by the Office of Federal Contract Compliance on September 30, 1972). The plan shall be reviewed by the State Bureau of Mental Health prior to submission to the Department of Health, Education and Welfare;

3.2 Maintaining employment and promotion procedures which are non-discriminatory by reason of sex, race, age, irrelevant disability, creed, marital status, ethnic or national membership;

3.3 An appeal procedure in instance of suspension and/or dismissal of an employee which provides prior notice to the employee;

3.4 A grievance procedure which allows employees to adequately express their dissatisfaction with employment conditions and ensures a fair resolution of the stated problems;

3.5 Regular performance evaluations for all employees;

3.6 Ongoing review of personnel procedures, including opportunity for staff input;

3.7 Provision of all fringe benefits the Board may provide, such as health insurance, retirement programs, professional liability insurance, etc.;

3.8 Provisions for holiday leave, sick leave, and other types of absences;

3.9 A description of activities such as outside employment, which may cause a conflict of interest, and a description of limitations on employee participation in such activities;

3.10 Procedures to reimburse employees for expenses incurred in the line of duty;

3.11 Job descriptions written in terms of qualifications, specific tasks, responsibilities, and program goals.

II. SERVICES

Standard 1. The requirement of twelve (12) essential services is mandated in P.L. 94-63. These Services are designed to cover a broad spectrum of needs, ranging from prevention to direct patient care. Although, each service is discussed separately here; it should be recognized, that in practice these services will be integrated in a coordinated program. Services to be provided are:

1.1 Inpatient Services

Inpatient service provides a therapeutic environment for persons requiring constant care. The major goal of inpatient care is rapid evaluation and effective treatment of severe emotional problems through short-term, intensive treatment. Inpatient care must be provided in a humane manner which promotes and preserves dignity of the individual patient;

1.2 Outpatient Services

Through outpatient services, therapy is provided on a regular basis with an arrangement for non-scheduled visits during times of increased stress or crisis. Outpatient services must be available beyond nine to five working hours. Outpatient care must be available evening hours and weekends, at the patient's home, or other locations when it is not possible for the patient to reach the Center;

1.3 Day Treatment and Other Partial Hospitalization Services

The Day Treatment service of a CMHC provides a therapeutic program to persons requiring less than inpatient care and more than outpatient care. Day treatment can serve as an effective transition between full-time care and community release.

Partial hospitalization may include special educational classes for disturbed children, rehabilitative programs such as job training, therapeutic nursery schools, or special programs for drug abusers, alcoholics, adolescents, and the elderly;

1.4 Emergency Service

A community mental health center must provide immediate crisis intervention for and evaluation on a 24-hour-a-day-seven-day-a-week basis.

There are two major components of emergency service: face-to-face contact and crisis telephone service. The CMHC must provide face-to-face crisis intervention by certified mental health professionals. Each CMHC should establish, or be involved in, a 24-hour-a-day crisis telephone service manned by trained workers. There must be a mental health professional immediately available for consultation and direct service, as needed;

1.5 Services to Children

A full range of diagnosis, treatment, liaison and followup services must be provided by the CMHC, appropriately geared to the needs of children at different stages of development;

1.6 Services to the Elderly

The full range of services must be available to the elderly including: diagnosis, treatment, liaison, and followup. Service to the elderly should be integrated with the Center's other programs to avoid isolation of the older patients.

1.7 Screening

CMHC's are required to provide assistance to the courts and other public agencies in screening residents for referral to the state mental health hospital. Screening is designed to identify those

persons for which the Center is an appropriate alternative to a public mental institution;

1.8 Follow-up Care

Follow-up services are those provided to persons discharged from public mental health facilities to maintain treatment gains, and avoid the deleterious impact of social readjustment.

If volunteers, paraprofessionals, or former patients provide follow-up care, the CMHC must train and supervise these individuals.

1.9 Transitional Half-Way House Services

CMHC's are required to provide a program of transitional half-way houses for residents discharged from public mental institutions and who, require continued inpatient care. Transitional services focus on the need for sheltered community residences for discharged mental patients. They are designed to foster a gradual, phased return to community living to the extent possible for each individual. Such services must be closely linked to follow-up services, including advocacy;

1.10 Alcoholism Services

Provision of a program for the prevention and treatment of alcoholism and alcohol abuse and for the rehabilitation of alcohol abusers and alcoholics is required;

1.11 Drug Abuse Services

A program for the prevention and treatment of drug addiction and abuse, and for rehabilitation of drug addicts, drug abusers, and other persons with drug dependency problems is required;

1.12 Consultation and Education Services

The identified purposes of C & E services are: (I) development of an effective mental health program in the Center's catchment area; (II) the coordination of the provision of mental health services among various entities serving the catchment area; (III) an increase in public awareness of the nature of mental health problems and the types of mental health services available; (IV) promotion of rape prevention and proper treatment of rape victims and (V) consultation and education with individuals and entities involved with mental health services, including health professionals, school, court, state and local law enforcement personnel, clergy, public welfare and health service agents and other legitimately concerned entities.

Standard 2. Quality Assurance Program (requires written utilization and peer review plan(s)

2.1 Utilization Review

Review of specific services according to characteristics of persons receiving service (i.e., age, sex, diagnosis, income), lengths of stay, treatment modalities, and other indicators shall be conducted by one or more committee of the CMHC representative of the disciplines involved in service delivery;

2.2 Peer Review

Services provided by CMHC professionals will be reviewed to assure a high standard of care is maintained within the facility. Review shall be by a committee(s) of the CMHC representative of all discipline primarily involved in the delivery of care. The committee shall maintain a close liaison with the medical records committee or individuals concerned with evaluation.

Standard 3. Integrated Medical Records shall include, but are not limited to, the following:

3.1 Each Center shall establish a coherent medical records system with individual charts for each patient receiving service through the Center;

3.2 Each patient shall have an individualized treatment plan including outcome measures.

Standard 4. Medical and Psychological Responsibility and Authority shall include, but not be limited to, the following:

4.1 Centers shall have the capability of screening medical-psychiatric problems at the time of the patient's entry into mental health service programs;

4.2 This screening component must be developed by experienced, clinical professionals and must include medical-psychiatric consultation;

4.3 A physician, preferably a psychiatrist, must be available in consultive capacity to the screening unit;

4.4 Operational screening procedures which will result in the early detection of medical-psychiatric problems must be established;

4.5 Individuals demonstrating bizarre behavior, hallucinations, disorientation or generalized confusion, must receive prompt evaluation by a physician.

4.6 Life-threatening behavior should be reviewed by more than one mental health professional including, if possible, a psychiatrist;

4.7 Voluntary, involuntary, and/or emergency admission to Montana State Hospitals must be made in compliance with Senate Bill 377, Chapter 13 of Title 38, R.C.M. 1947.

Standard 5. Patient Rights and Confidentiality shall include:

5.1 The fundamental rights of all patients shall be respected. All patients in the centers shall be treated with dignity and shall not be discriminated against because of race, color, sex, creed or economic status;

5.2 The confidentiality of the patient records must be maintained at all times in accordance with professional ethics and statutory regulations; however

5.3 The patients' records and case files shall be available to all service providers within the CMHC to assure continuity of care.

Standard 6. Research and Evaluation shall include, but not be limited to the following:

6.1 An effective method of developing, compiling, and evaluating statistical data and information relating to: operational costs, utilization; availability, accessibility, and impact of its services; upon the

mental health of catchment area residents shall be developed. The amount budgeted for such activities shall amount to at least two per centum (2%) of the center's preceding fiscal year's operating budget;

6.2 Research shall be conducted by centers which can or should engage in research.

Standard 7. Training and Continuing Education for staff members shall include:

7.1 Centers shall provide access to at least one, local in-service training seminars annually to each staff person:

7.2 Each professional, paraprofessional, and administrative staff member shall attend at least one extra mural conference/workshop each year to his/her area of expertise;

7.3 An educational leave policy related to career advancements must be developed.

Standard 8. Affiliation Agreements to be provided are:

8.1 Agreements should be written with affiliating agencies to insure continuous and integrated services for persons with mental health problems.

Standard 9. Disaster Plan to be provided is:

9.1 A disaster plan outlining the centers' participation with community agencies in unexpected catastrophes will be prepared.

Standard 1. The Regional Mental Health Centers shall conform to State and Federal Legislation which includes, but is not limited to, the following:

1.1 The Bureau of Mental Health may participate in funding Regional Mental Health facilities as governed by Section 89-2414 and Section 80-2802, R.C.M. 1947.

1.2 A monthly expenditure report shall be forwarded to the Bureau of Mental Health for review and certification for state reimbursement. The statement of expenditures shall include a general purpose summary report;

1.3 In accordance with Federal and State regulations, an annual audit must be performed by an accredited auditor in accordance with generally accepted accounting principles and submitted to the federal Alcohol, Drug Abuse and Mental Health Agency Director, and the Bureau of Mental Health within 30 days of issuance.

Standard 2. Each Regional Mental Health Board shall adopt a fee schedule with the advice and consultation of the Bureau of Mental Health. Fee schedules shall be based on the patient's ability to pay and conform to the following criteria:

2.1 Maximum fees to patients shall be based on the patient's income corrected for the number of his dependents;

2.2 The maximum fee for visit shall not exceed the actual cost of the service rendered;

2.3 If the patient has the ability to pay under the criteria listed above, no fee of less than $5.00 per visit shall be made. If the patient does not have the ability to pay the $5.00 minimum fee, no fee shall be charged. An equitable policy shall be developed and implemented to make these determinations;

2.4 Fees for patients from outside the regional catchment areas shall be charged at the maximum rate regardless of income, except that such fees shall not exceed the actual cost of such service;

2.5 Residents from non-participating counties in the regional catchment area shall be eligible for service as staffing time is available. Such patients shall be charged the same fee as if he were a resident of a participating county. The difference between the actual cost of service and the fee charged the patient shall be charged to the non-participating county. Non-participating counties can arrange for treatment of their residents by contractual agreements with the Regional Mental Health Board;

2.6 A "collection charge" for fees must not be charged. This is not a cost to the Center, but simply an absence of income.

Standard 3. Contracts shall include the following criteria:

3.1 Contracts between mental health centers, the Department of Institutions, and service agencies

shall be approved by the Board. Such contracts shall specify the kinds of services to be rendered and the basis upon which payment for the services shall be made.

APPENDIX I

In addition to the federal regulations, standards encompass state requirements mandated in House Bill 289, Senate Bill 377, and Senate Bill 388. The following briefly summarizes the state laws and regulations.

House Bill 289, Appropriations Act

.. total proposed and historic costs of center

.. number of clients to be served

.. provision that available non-general funds be spent prior to the use of general funds

.. nature and levels of service to be rendered

.. measurable performance indicators

Senate Bill 377, Treatment of Mentally Ill Act (Chapter 13 of Title 38, R.C.M. 1947)

.. voluntary admission to the Montana State Hospital

. certification from the respective regional mental health center director or, if not reasonably available, from a professional person that the applicant is suffering from mental disorder and that local facilities are unable to provide adequate evaluation and treatment

. facility has right to detain applicant for no more than five (5) days past a written request for release

.. involuntary admission to the Montana State Hospital

. upon receipt of petition alleging person as seriously mentally ill, a professional person shall examine the person--the examination cannot exceed four (4) hours

. on the basis of the evaluation, the professional person shall recommend in writing either that the petition be dismissed or that a seventy-two (72) hour inpatient evaluation and treatment be ordered

.. Emergency Situation

. any person who appears to be seriously mentally ill can be taken into custody and a center professional person should be notified

. if the professional person concurs that an emergency situation exists, the person can be detained until the next regular business day when the professional can file a report and/or petition

. when petition is filed, the person can be detained for twenty-four (24) hours so that the professional person can conduct the examination (do not count Saturday, Sunday, or legal holidays)

. if the professional person so recommends and, contingent upon a hearing (unless waived by the respondent), the court may order the person to be detained for a seventy-two (72) hour evaluation and treatment period

. whenever possible, a person shall be detained in a mental health facility

. medication shall not be used as a punishment, for the convenience of the staff, as a substitute for a treatment program, or in quantities that interfere with the patient's treatment program

.. Professional Person - qualifications for admitting persons to mental health facility

.shall meet all certification requirements promulgated by the Department of Institutions

.. Treatment Plan

.each person admitted to a mental health facility for more than seventy-two (72) hours shall have a comprehensive physical and mental examination and an individualized treatment plan developed by appropriate professional persons, including a psychiatrist if reasonably available, and implemented no later than five (5) days after admission

.. Follow-up

.an affirmative duty to provide adequate transitional treatment and care for all patients released from a mental health facility after a period of involuntary confinement

.. Client Records

.. Confidentiality

Senate Bill 388

This is an Act to provide for the identification, habilitation and human rights of the developmentally disabled. Compliance is similar to Senate Bill 377.

Senate Bill 378, Governing Formulation of Comprehensive Mental Health Centers, (Chapter 12 of Title 38, R.C.M. 1947)

.. Departmental (Department of Institutions) contracts with mental health corporations

. prevention, diagnosis and treatment of the mentally ill

. can be provided for directly by state agencies or indirectly through contract or cooperative arrangements with other agencies of government, regional or local, private or public, private professional persons or hospitals, under rules adopted by the Department

.. State funds specifically appropriated for regional mental health service shall not exceed fifty percent (50%) of the budget approved by the Department of Institutions. Warm Springs State Hospital funds may be transferred to regional mental health centers for WSSH patients returned to the community.

.. Nonprofit Corporations

. regionalization

. regional mental health board comprised of county commissioners of the various counties in the region or a person designated by the commissioners to represent the county on the regional corporation board

.. The board of mental health shall submit an annual budget prior to June 10 of each year, to the board of county commissioners of each of the counties within the region, which specifies each participating county's proportionate share of the budget

APPENDIX D

PERCENT OF POPULATION BELOW POVERTY LEVEL

REGION I

Carter	17.5	Prairie	19.1
Custer	11.6	Richland	13.8
Daniels	10.1	Roosevelt	23.3
Dawson	8.4	Rosebud	25.8
Fallon	12.6	Sheridan	11.4
Garfield	17.3	Treasure	22.8
McCone	13.8	Valley	16.8
Phillips	16.6	Wibaux	15.2
Powder River	13.0		
		Regional	15.1

REGION II

Blaine	31.4	Liberty	8.4
Cascade	10.9	Pondera	18.2
Chouteau	11.6	Teton	12.0
Glacier	29.5	Toole	11.6
Hill	14.8		
		Regional	14.1

REGION III

Big Horn	25.3	Petroleum	17.8
Carbon	19.2	Stillwater	13.7
Fergus	14.9	Sweetgrass	23.6
Golden Valley	11.7	Wheatland	16.3
Judith Basin	15.2	Yellowstone	12.1
Musselshell	19.2		
		Regional	14.3

REGION IV

Beaverhead	17.4	Lewis & Clark	8.8
Broadwater	23.1	Madison	18.1
Deer Lodge	10.8	Meagher	24.9
Gallatin	11.1	Park	14.3
Granite	15.8	Powell	9.5
Jefferson	13.4	Silver Bow	11.4
		Regional	11.8

REGION V

Flathead	12.9	Missoula	11.2
Lake	22.3	Ravalli	18.6
Lincoln	7.1	Sanders	14.0
Mineral	8.4		
		Regional	13.0

Region I has been designated by National Institute of Mental Health as meeting poverty classification status in Montana.

State of Montana
Office of The Governor
Helena 59601

Attachment 1

THOMAS L. JUDGE
GOVERNOR

April 13, 1976

Dr. Robert Mattson, Director
Department of Institutions
1539 11th Avenue
Helena, Montana 59601

Dear Bob:

In accordance with P.L. 94-63, the new Comprehensive Mental Health Act, I am designating your department as the single state agency for preparation of both the Mental Health Construction Plan and the Comprehensive Mental Health Plan for the State of Montana.

I look forward to receiving your recommendations for persons to serve on the Mental Health Advisory Council which will be reviewing the Mental Health Plan this spring.

Since the Department of Health and Environmental Sciences is designated as the department to prepare the State Health Plan and to do specific plan reviews and approvals, I expect that you will need to coordinate closely your work with theirs. If there is any way in which my office can be of assistance, please let me know.

Best regards.

Sincerely,

Tom

THOMAS L. JUDGE
Governor

cc: Dr. A. C. Knight
Dr. Stanley Mahoney

RECEIVED
APR 1976
DEPARTMENT OF
INSTITUTIONS

STATE OF MONTANA
DEPARTMENT OF ADMINISTRATION
MERIT SYSTEM COUNCIL
CAPITOL STATION
HELENA 59601

OCT 2 [illegible]

October 27, 1976

Mr. Phil Powers, Chief
Mental Health Bureau
Capitol Station
Helena, MT 59601

Dear Mr. Powers:

The Montana State Merit System Rules and Regulations have been developed in accordance with the Federal Standards for a Merit System of Personnel Administration. The Federal Standards promulgated and adopted by the Department of Labor, Department of Health, Education and Welfare, and the Department of Defense, are listed as Code of Federal Regulations 45, Part 70, Subparentheses (1), (2), (3), etc. Our rules and regulations, in addition to being approved by Merit System agencies and Merit System Council, must be approved by the U.S. Civil Service Commission and the agencies which have signed off on the federal code.

I can assure you our rules and regulations are in compliance with the Code of Federal Regulations regarding the standards for a Merit System of personnel administration.

Sincerely yours,

Clifford T. McGillvray
Administrator
Merit System Council

Enclosure
Merit System Rules

CTM/bh

STATE OF MONTANA

MERIT SYSTEM COUNCIL RULES

Adopted

April 5, 1976

For Use by the Following Agencies:

DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

BOARD OF CRIME CONTROL
DEPARTMENT OF JUSTICE

CIVIL DEFENSE DIVISION
DEPARTMENT OF MILITARY AFFAIRS

EMPLOYMENT SECURITY DIVISION

STATISTICAL AND MINE UNITS
DIVISION OF WORKER'S COMPENSATION
DEPARTMENT OF LABOR AND INDUSTRY

MENTAL HEALTH BUREAU
ADDICTIVE DISEASES UNIT
SOUTHWEST MONTANA DRUG PROGRAM
DEPARTMENT OF INSTITUTIONS

SURPLUS PROPERTY PROGRAM
OFFICE OF THE SUPERINTENDENT OF
PUBLIC INSTRUCTION

MERIT SYSTEM COUNCIL

CONTENTS

Sub-Chapter 1

Organizational Rule

2-3.34(1)-03400 ORGANIZATIONAL RULE (1) The organizational rule of the Merit System Council is set forth in MAC 2-2.1-0100 and is herein adopted and incorporated by this reference. (History: Sec. 82-4203, R.C.M., 1947; Order MAC No. 2-1; Adp. 12/31/72; Eff. 12/31/72; Prior p. 2-45.)

Sub-Chapter 2

Procedural Rules - Merit System Council

2-3.34(2)-P3410 MODEL PROCEDURAL RULE (1) To the extent applicable to the operations of the Merit System Council, the Council has herein adopted and incorporated the Attorney General's Model Procedural Rules one through thirty-eight by reference to such rules as stated in MAC 1-1.6(1)-0600 through MAC 1-1.6(2)-P6320 of this code. (History: Sec. 82-4203, R.C.M., 1947; Order MAC No. 1; Adp. 12/31/72; Eff. 12/31/72; Prior p. 2-46.)

Sub-Chapter 38

THE MONTANA STATE MERIT SYSTEM,
ITS PURPOSE AND STRUCTURE

2-3.34(38)-S34290 APPLICABILITY OF AND BASIS FOR THE MONTANA STATE MERIT SYSTEM (1) Administrative. Section 82A-206, Revised Codes of Montana, 1947, as amended, states that the administratively created agency known as the Merit System Council is hereby created by law.

(2) Creation by law. The Merit System was established in 1940 by state agencies as a requirement for receipt of federal funds and operates for those agencies under the policies and procedures established by the Merit System Council. (History: Sec. 59-914, R.C.M., 1947; NEW MAC Notice No. 2-3-34-1; MAC Order No. 2-3-34-2; Adp. 3/17/76; Eff. 4/5/76.)

2-3.34(38)-S34300 PURPOSE OF THE MONTANA STATE MERIT SYSTEM (1) Basic Principles. The Montana State Merit System of personnel administration is established to assure fair treatment to all applicants, eligibles, and employees in all personnel actions. It provides for induction of new employees through competitive examinations in order to assure the selection of the best qualified personnel available for employment. It establishes quality of performance as the basic consideration in determining salary advancements and promotions. It aims to provide equality of opportunity for qualified persons who wish to enter public employment. The cooperative efforts of Merit System and program agency personnel offices in providing comprehensive personnel programs are essential. The cooperative efforts will provide for analyzing and classifying jobs; establishing adequate and equitable salary, fringe benefit, and retirement plans; projecting manpower needs and planning to meet them; developing effective recruitment, selection, placement, training, employee evaluation and promotion programs; assuring equal opportunity and providing affirmative action programs to achieve that end; protecting employees from discrimination, arbitrary removal, and political pressures; conducting positive employee-management relations and communications; and providing research to improve personnel methods.

(2) Prohibition of Discrimination. Discrimination against any person in recruitment, examination, appointment, training, promotion, retention, discipline, or any other aspect of personnel administration because of political or religious opinions or affiliations or because of race, national origin, or other nonmerit factors will be prohibited. Discrimination on the basis of age or sex or physical disability will be prohibited except where specific age, sex, or

physical requirements constitute a bona fide occupational qualification necessary to proper and efficient administration. However, any person who is shown to adhere to any organization advocating the overthrowing or undermining of the government of the United States shall be barred from employment.

(3) Political Activity. Every employee will have the right to freely express his views as a citizen and to cast his or her vote. A state or local officer or an employee who is subject to the provisions of the Federal Hatch Political Activities Act, as amended, may not:

(a) Use his or her official authority or influence for the purpose of interfering with or accepting the result of an election or nomination for office;

(b) Directly or indirectly coerce, attempt to coerce, command, or advise a state or local officer or employee to pay, lend, or contribute anything of value to a party, committee, organization, agency, or person for political purposes; or

(c) Be a candidate for elective office in a partisan election.

Further state allowances and restrictions are found in Title 23, Chapter 47, Revised Codes of Montana, as amended, 1975.

(4) Employee-Management Relations. Employees covered by the Montana State Merit System shall have the right to organize and join or refrain from joining an organization for purposes of representation. The matters on which such employees may negotiate and in which management agrees to meet and confer will be designated, along with other employee rights and obligations and management rights and obligations. Means should be established for the resolution of impasses. The maintenance of a system of personnel administration based on the merit principles as outlined in these rules must be assured. (History: Sec. 59-914, R.C.M., 1947; NEW MAC Notice No. 2-3-34-1; MAC Order No. 2-3-34-2; Adp. 3/17/76; Eff. 4/5/76.)

2-3.34(38)-S34310 MONTANA STATE MERIT SYSTEM RULES (1) Development, Adoption, Amendment. The Montana State Merit System Council will be responsible for developing, adopting, and amending rules, regulations, and policies for meeting the needs of the participating agencies in complying with Federal Standards in order to receive federal funds.

(2) Agency Participation. Participating Montana State Merit System agencies may submit proposed rules or amendments of existing rules, regulations, and policies to the Council for the Council's approval and formal adoption. When a proposed rule or amendment is vetoed by the Council and it is

determined by the agencies that such a proposal furthers or strengthens merit principles of personnel administration, a vote of the agencies will override the Council's veto. The number of votes each agency will have will be prorated according to the number of employees in an individual agency as evidenced by the agency's March or April payroll in each fiscal year. For every one hundred (100) covered employees the agency will receive one (1) vote. When an agency has a fraction of fifty (50) or more employees that agency will receive one (1) additional vote. Agencies with less than 100 employees will have one (1) vote. When two or more Merit System agencies are found within one department each agency shall retain and cast its own vote. Votes must be cast by the administrative officer of the Merit System agency or by the administrative officer's designee. It shall take sixty-six percent (66%) of the total number of votes to override the Council's veto. Upon acquisition of such a vote the new rule on amendment will be formally adopted by the Council. (History: Sec. 59-914, R.C.M., 1947; NEW MAC Notice No. 2-3-34-1; MAC Order No. 2-3-34-2; Adp. 3/17/76; Eff. 4/5/76.)

2-3.34(38)-S34320 MONTANA STATE MERIT SYSTEM COUNCIL

(1) The Council. An impartial citizens' Merit System Council will be established to assure that in accordance with merit principles public employment is based on the public interest, including management effectiveness and sound employee relations.

(2) Selection and Tenure. The Montana State Merit System Council will consist of three members appointed by the Governor after joint recommendation by the participating agencies. Council members will have overlapping six-year terms, with one appointment or reappointment to be made on June 1 of each even-numbered year. When a term expires, the member affected will continue to serve until reappointed or until a successor has been named. A vacancy during a term will be filled by an appointment for the remainder of the term.

(3) Qualifications. Council members shall be public spirited persons of recognized standing in the State of Montana and of known interest in improving public personnel administration through the selection of government employees based on merit. During his or her term and for one year preceding his or her appointment a Council member shall not hold or have held a political office, a position as an officer of a political organization, or a position as an employee of a public agency.

(4) Duties. In accordance with these rules, the members of the Council will:

(a) Promote public understanding of the purposes, policies and practices of the Montana State Merit System.

(b) Select and recommend for appointment by the

participating agencies a Montana State Merit System administrator who will serve as the executive officer for the Council. The Council members will establish general policies governing the Merit System program and will confer with their executive officer and review his activities to make sure that their policies are carried out effectively.

(c) Evaluate the effectiveness of the Montana Merit System and adopt needed changes and improvements in any phase of the personnel program.

(d) Make an annual report on the operations of the Montana State Merit System.

(e) Approve a budget covering all costs of Merit System administration, and submit it to the participating agencies for adoption.

(f) Assume responsibilities delegated to them elsewhere in these rules.

(5) Organization and Meeting. The Council will meet at least four (4) times annually. Public notice of Merit System Council meetings will be issued seven (7) days prior to the meeting date. Every two years the Council will elect a chairman from its membership. The Council will assign its executive officer or a member of the executive officer's staff the responsibility of making and keeping a record of the proceedings of all meetings. Merit System Council meetings will be called by the chairman of the Council giving due consideration for special meetings at the request of the executive officer of any participating agency. Participating agencies will be furnished a copy of the agenda for each meeting and will have the right to be represented at meetings without voting power, except in cases related to Sub-Chapter 38, Rule 2-3.34(38)-S34310, paragraph (2).

(6) Quorum. Two Council members shall constitute a quorum for the transaction of business.

(7) Remuneration. In accordance with Section 82A-110(5), Revised Codes of Montana, 1947, as amended, members of the Council will be paid at a rate not to exceed $25.00 for each day actually and necessarily engaged in the performance of Council duties, and each is also entitled to be reimbursed for actual and necessary expenses incurred while in the performance of Council duties, including travel to and from Council meetings. (History: Sec. 59-914, R.C.M., 1947; NEW MAC Notice No. 2-3-34-1; MAC Order No. 2-3-34-2; Adp. 3/17/76; Eff. 4/5/76.)

2-3.34(38)-S34330 MONTANA STATE MERIT SYSTEM ADMINISTRATOR (1) Qualifications. The administrator or executive officer of the Council must have training and experience in a field related to Merit System administration, and shall be known to favor the merit principle in government service.

During his or her term as administrator, and for three (3) years prior to appointment, the administrator may not hold or have held a political office, or an office in a political organization, nor may the administrator hold or have held a position as an employee of one of the participating agencies during his or her term or for one year prior to appointment.

(2) Duties. The administrator shall be responsible for administering the rules, regulations, and policies of the Montana State Merit System and the Merit System Council. The administrator will develop and maintain effective policies and procedures with respect to employee-management relations, political activity, classification, compensation, recruitment, selection, appointment, career advancement, layoffs and separations, cooperation between merit systems, equal employment opportunity and personnel records and reports. The administrator will develop effective policies and procedures with respect to publicizing of examinations; preparation, custody, and maintenance of registers of eligibles, determination of availability of eligibles for appointment, certification for appointments, determination of adequacy of existing registers; and other duties prescribed by these rules and the Council.

(3) Office. The Montana State Merit System Office will be established and operated separate and distinct from the offices of the participating agencies. The administrator and the assistants selected by the administrator must be appointed in accordance with these rules. (History: Sec. 59-914, R.C.M., 1947, NEW MAC Notice No. 2-3-34-1; MAC Order No. 2-3-34-2; Adp. 3/17/76; Eff. 4/5/76.)

2-3.34(38)-S34340 COOPERATION WITH OTHER AGENCIES

(1) With Agencies under the Montana Merit System. The Montana State Merit System Council will focus the majority of its activities on providing the best possible personnel for the agencies it serves. The Merit System Office will work with the agencies to set up an effective program of statewide recruitment; will conduct its examination and related programs in such a way as to select for certification the best of available applicants; and will assist the agencies in a continuous evaluation of their personnel policies to promote high standards of personnel procedures in accordance with the basic principles embodied in these rules.

(2) With Other Civil Service Agencies. The Montana State Merit System Council will cooperate with other Civil Service agencies in conducting examinations and related procedures. The Council may recognize and accept certification from registers of eligibles in other Civil Service agencies operating under the same standards as the Montana State Merit System. (History: Sec. 59-914, R.C.M., 1947; NEW MAC Notice

No. 2-3-34-1; MAC Order No. 2-3-34-2; Adp. 3/17/76; Eff. 4/5/76.)

Sub-Chapter 42

AGENCY PERSONNEL POLICIES AND PROCEDURES

2-3.34(42)-S34350 POSITIONS TO WHICH THE MONTANA MERIT SYSTEM APPLIES (1) Applicability. The Montana State Merit System Rules are applicable to all personnel, both state and local, except those exempted in paragraph (2) in this rule, engaged in the administration of grant-in-aid programs under federal laws and regulations requiring the establishment and maintenance of personnel standards on a merit basis. The rules apply to personnel engaged in the administration of federally aided programs, irrespective of the source of funds for their individual salaries.

(2) Exemptions. Only the following employees may be exempted from Merit System coverage:

(a) The executive head of a state agency.

(b) One deputy director appointed by the executive head of a state agency.

(c) One confidential secretary or assistant to each, the executive head of a state agency and his appointed deputy director.

(d) The appointed director of the Civil Defense agency or of an independent local Civil Defense agency.

(e) The executive head of an independent local Public Health agency.

(f) Members of policy, advisory, review, and appeals boards or similar bodies who do not perform administrative duties as individuals.

(g) Part-time professional health and related personnel.

(h) Attorneys serving as legal counsel.

(i) Time limited positions established for the purpose of conducting a special study or investigation.

(j) Examination monitors employed to conduct Merit System examinations and examination subject matter consultants.

(k) Unskilled labor such as janitors and custodians. (History: Sec. 59-914, R.C.M., 1947; NEW MAC Notice No. 2-3-34-1; MAC Order No. 2-3-34-2; Adp. 3/17/76; Eff. 4/5/76.)

2-3.34(42)-S34360 CLASSIFICATION PLAN (1) Basis for the Plan. Each agency will provide a position classification plan based upon analysis of the duties and responsibilities of each position and maintained on a current basis. The

classification plan will include an appropriate title for each class of position, a description of the duties and responsibilities of positions in the class, and minimum requirements of training, experience, skills, knowledges, abilities, and other qualifications necessary for entry into the class. Position classification will group together under common titles those positions having approximately the same duties and responsibilities and the same requirements of training and experience. Whenever possible, identical specifications will be used for similar positions in two or more agencies.

(2) Classified State Employees Only. The classification of Montana State Merit System employees is subject to laws, rules, regulations, and policies implemented by Sections 59-901 through 59-914, Revised Codes of Montana, 1947, as amended. The Merit System Council will not hear appeals based on classification. Classification appeals must be presented to the Board of Personnel Appeals. (History: Sec. 59-914, R.C.M., 1947; NEW MAC Notice No. 2-3-34-1; MAC Order No. 2-3-34-2; Adp. 3/17/76; Eff. 4/5/76.)

2-3.34(42)-S34370 COMPENSATION PLAN (1) Basis for the Plan. A plan of compensation for all classes of positions will be established and maintained on a current basis. The plan will include salary rates adjusted to the responsibility and difficulty of work and will take into account the prevailing compensation for comparable positions in the recruiting areas and in other agencies of the government and other relevant factors. It will provide for salary advancements for full time permanent employees based upon quality and length of service and for other salary adjustments.

(2) Compensation for Classified State Employees Only. The compensation of Montana State Merit System employees is subject to the laws, rules, regulations, and policies by House Joint Resolution Thirty-seven (37) which implements Section Six (6), Chapter 440, Session Laws of Montana, 1973. The Merit System Council will not hear appeals based on compensation. (History: Sec. 59-914, R.C.M., 1947; NEW MAC Notice No. 2-3-34-1; MAC Order No. 2-3-34-2; Adp. 3/17/76; Eff. 4/5/76.)

Sub-Chapter 46

RECRUITMENT, EXAMINATIONS, AND REGISTERS

2-3.34(46)-S34380 RECRUITMENT (1) Basis for the Plan. An active recruiting program will be conducted, based upon a plan to meet current and projected manpower needs. The recruiting efforts of the Merit System and program agencies

will be coordinated and carried out in a timely manner. Recruitment will be tailored to the various classes of positions to be filled and will be directed to all appropriate sources of applicants in order to attract an adequate number of candidates for consideration and to permit successful competition with other employers. Recruiting publicity will be carried out through all appropriate media for a sufficient period to assure open opportunity for the public to apply and be considered for public employment on the basis of abilities and potential. Such publicity will indicate that the agency is an equal opportunity employer.

(2) Notices. The administrator will give adequate public announcements of all entrance examinations and make every reasonable effort to attract qualified persons to compete in the examination and will provide an adequate period for filing of applications.

(3) Positions Requiring Announcement. When an agency wishes to fill a position that has not been recruited for on a continuous basis the agency will notify the Merit System Administrator. The Administrator will contact those individuals whose names have been filed in a suspense file for the position. If a register of three or more names cannot be developed the Merit System Administrator shall advertise the position for at least seven (7) calendar days in such mass media as the Administrator deems necessary. The Administrator will provide a sufficient number of days, not less than three (3), for the filing of applications. Newly created classes will be advertised for in the same manner and time frame. The Merit System Office will pay the cost of advertising and will bill the involved agency for reimbursement.

(4) Examination Announcements. Examination announcements distributed will include the following items of information:

(a) Class title.

(b) Grade level.

(c) A description of duties and responsibilities of the class.

(d) Minimum or additional desirable qualifications.

(e) Starting salary.

(f) Hiring agency's title.

(g) Deadline for filing of applications.

(h) A statement directing the applicant to forward his application to the Merit System Office.

(5) Disqualification from Competition. The Merit System administration may, at the request of an agency or upon its own motion, disqualify an applicant from competition, remove his name from a register, or refuse to certify the applicant if the applicant:

(a) Lacks the announced requirements for the class.

(b) Where physical ability is a bona fide class requirement, the applicant is not physically able to perform the duties of the class.

(c) Has been convicted of a felony and is currently under court jurisdiction.

(d) Has ever been dismissed from public service for delinquency or misconduct.

(e) Has used or attempted to use political pressure or bribery to secure an appointment under jurisdiction of the Montana State Merit System.

(f) Has failed to submit an application correctly filled out within announced time limits.

(g) Has made deliberate misstatements in an application in attempting to qualify for a class. (History: Sec. 59-914, R.C.M., 1947; NEW MAC Notice No. 2-3-34-1; MAC Order No. 2-3-34-2; Adp. 3/17/76; Eff. 4/5/76.)

2-3.34(46)-S34390 EXAMINATIONS (1) Character of Examinations.

(a) For entrance to positions under Merit System jurisdiction, examinations will be conducted on an open competitive basis. They will be practical job related tests designed to reveal the applicant's ability to perform the duties of the particular position, and to determine his general background and related knowledge.

(b) Written examinations will be utilized whenever they can adequately measure the skills, knowledges, and abilities needed to do the job. Examinations other than written may be used at the discretion of the Merit System Administrator for professional positions for which the state licensing or registration is required and where the Administrator determines the existing written examination material is not job related.

(c) Performance tests will be used for stenographic and typing positions and may be required for other positions whenever the skills, knowledges, or abilities needed to do the job are most readily measurable with the performance test.

(d) Oral examinations may be used for positions requiring frequent contact with the public or involving important supervisory or administrative duties. Oral boards will consist of three or more members interested in improving public administration. At least one member must be technically familiar with the work performed in the classes for which oral examinations are being given. Persons holding political office or known to be active in political management may not serve as oral board members. Oral board rating format criteria must be developed in advance of the oral examination of applicants. Each applicant must be examined

and rated on identical criteria. An oral board member will not rate competitors that are personally known.

(e) Training and experience may be rated as a part of the examination for positions where it is an appropriate measure of fitness for the class. Appropriate recognition will be given recency and quality of experience and pertinency of training. The Administrator will promptly investigate training and experience claimed by applicants who are successful in other parts of the examination. Information from these investigations will be used to rerate competitors whenever misstatements are uncovered, and to change their place on the register accordingly. When an investigation of training and experience discloses misstatements the applicant may be excluded from further examination or register placement. Such applicant may be barred from taking future merit examinations. When professional entry level classes call for a Bachelor's degree additional numerical credit will not be extended for graduate course work and degrees.

(f) Where written examinations are required and there is no developed alternate form of the examination, an applicant failing the written examination may not reapply for the same class for a period of ninety (90) calendar days.

(2) Veterans' Preference. In accordance with Section 77-501, Revised Codes of Montana, 1947, as amended, veterans' preference will be granted to persons who served in the armed forces during a war period or who served on active military duty for more than 180 days after January 31, 1955, or who were discharged or released because of a service connected disability, including but not limited to those veterans serving because of the Viet Nam conflict; who were honorably discharged therefrom, who have been residents of Montana for at least a year, and who make a passing grade in the examination. To the final score of all such veterans, points will be added as follows: veterans, their wives and dependents, 5 points; veterans with a service connected disability certified by the U.S. Veterans' Administration, their wives and widows, 10 points. Applicants who wish to receive preference must indicate so on the application form and will be required to supply the necessary proofs on additional forms which will be furnished by the Merit System Administrator.

(3) Notices. All competitors will be promptly notified of the results of their examinations. Upon request and identification an eligible will be furnished information regarding his or her current position on the register.

(4) Conduct of Examinations.

(a) Written tests will be conducted simultaneously in as many places as necessary for the convenience of applicants and as practicable for proper administration. The Administrator will make arrangements for time and place, using

monitors who are qualified to give the type of examination required.

(b) The anonymity of examinees will be protected throughout the entire examination process until final grades have been established.

(c) All scoring of applicants will be done objectively and in accordance with approved testing techniques and final ratings will be established on the basis of announced weights for the separate parts of the examination. Failure in any part of the examination will disqualify a competitor from participation in subsequent parts of the examination and from securing a place on the register, except for clerical performance tests. Clerical performance tests may be taken as many times and as often as is necessary to secure a passing grade. In determining the system for establishing final ratings on an examination the Administrator must give due regard to the number of candidates and the number of vacancies likely to occur during the life of the register.

(d) Competitors will be allowed to review their examination papers in the presence of a Merit System Office staff member and within the confines of the Merit System Office. Only those examination questions which were marked incorrectly may be reviewed. Test booklets, answer sheets, or other materials which could reveal the contents of the examination may not leave the possession of the Merit System Office or be copied. If a covered position has only one (1) written examination the competitor may not retake the examination until ninety (90) calendar days after the date of the examination review.

(5) Records. Examination records will be maintained by the Administrator. Applications and other records of individual competitors will be kept on file for a period of two (2) years. Records of eligibles who are appointed will be kept permanently.

(6) Reratings. Reratings of numerical scores will not be made for a period of six (6) months following the date the applicant was issued a numerical score. After six (6) months from the date of issuance of a score for a specific class, a competitor may seek a new rating. The competitor must take a written examination if one is required for the class. The most recent score will be used to place the individual on the class register.

(7) Cooperation with Non-Merit System Agencies. For a pre-established fee, at the request of a non-Merit System agency, the Merit System Office will administer, grade, and issue a numerical score for an applicant seeking employment with the requesting agency. Promotional examinations may also be requested by non-Merit System agencies. (History: Sec. 59-914, R.C.M., 1947; NEW MAC Notice No. 2-3-34-1; MAC

Order No. 2-3-34-2; Adp. 3/17/76; Eff. 4/5/76.)

2-3.34(46)-S34400 REGISTERS (1) How Established. After examination all persons with passing grades will be added to existing registers or placed on new registers according to their final ratings. All registers will list eligibles in order of their final ratings starting with the highest.

(2) Duration. Registers will be in effect for two (2) years from the date established unless they are extended or cancelled by the Administrator. The Administrator may consider a register to be temporarily exhausted if fewer than three eligibles are available from it. If the Administrator cancels a register within two years he or she must notify all eligibles remaining on it.

(3) Removal of Names. The Administrator may remove eligibles from the register or, at the appointing authority's request, refuse to recertify an individual's name on subsequent registers to the appointing authority for any of the following reasons:

(a) For any of the reasons for disqualification listed in Sub-Chapter 46, Rule 2-3.34(46)-S34380, paragraph (5).

(b) On evidence that an eligible cannot be reached by mail.

(c) On receipt of a statement from an eligible indicating a preference not to be considered for appointment.

(d) If an eligible declines an offer of employment.

(e) If an eligible fails to keep a scheduled interview.

(4) Conditions of Suspension from Register. Except under extenuating circumstance(s) approved by the Administrator an eligible's suspension from the register will be final. Individuals wishing to be reestablished on the register will be treated as a new applicant. If no alternate form of examination exists the individual must wait a period of ninety (90) calendar days.

(5) Notification. The Administrator must notify an eligible of a removal from a register.

(6) Reinstatement. An eligible will be reinstated to a register if the eligible sends a written request to the Administrator, if the register is still in effect, and:

(a) The suspension was based on Sub-Chapter 46, Rule 2-3.34(46)-S34400, paragraphs (3)(b)(c).

(b) The eligible has previously received probationary appointment but did not complete it satisfactorily. In this case he will not be certified again to the previous appointing authority and other appointing authorities who consider him will be advised of the results of the previous appointment.

(c) He has resigned in good standing or has been separated without prejudice from a probationary or permanent position.

(d) If an eligible submits acceptable evidence surrounding reasons for suspension listed in Sub-Chapter 46, Rule 2-3.34(46)-S34400, paragraphs (3)(d)(e). (History: Sec. 59-914, R.C.M., 1947; NEW MAC Notice No. 2-3-34-1; MAC Order No. 2-3-34-2; Adp. 3/17/76; Eff. 4/5/76.)

Sub-Chapter 50

CERTIFICATION AND SELECTION

2-3.34(50)-S34410 CERTIFICATION (1) State Office Certification.

(a) Certification of eligibles will be made following receipt of a written request stating the number of positions to be filled, the class title, salary, location of the work, and other pertinent information. For a single vacancy the Administrator will certify the three highest ranking available eligibles using the register set up for the class of position to be filled. For two or more vacancies in a class, the Administrator will certify from the top of the register five-thirds as many names as the number of vacancies to be filled, with fractions counted as the next whole number. In cases of tied numerical scores the names of all individuals having a tied score will be certified.

(b) If a register is exhausted, closely related resigters of the same or higher level may be used. In certifying eligibles for a position, the Administrator may use the register for that position and higher registers in the same series, if the persons certified rank among the number to be certified when eligibles on both registers are considered in order of their ratings on the two registers.

(c) When an eligible is given probationary appointment the eligible's name will be suspended from all other registers at the same or lower salary level subject to reinstatement at the eligible's written request.

(d) If an eligible has been certified three times to the same appointing authority from one register and passed over for three appointments, the appointing authority may request the Administrator in writing to omit the name of the eligible from further certifications from this register. Reasons of justification must be included in the request. Under extenuating conditions, to be approved by the Administrator, agencies may request, in writing with justification(s), the Administrator to remove the name of an eligible after one (1) certification from subsequent registers. Following the

receipt of such a request the Administrator may determine the facts and decide whether to certify the eligible again from the register to the appointing authority who has made the request.

(e) Upon receipt of the certificate the appointing authority must schedule interviews with the top three eligibles actually available for employment. Within three days of the appointing authority's decision to appoint an eligible, those available eligibles not appointed to a position will be notified in writing that another eligible was appointed to the position.

(f) The appointing authority may consider an eligible to be not available if the eligible fails to respond to a written inquiry within five (5) days of the mailing of the inquiry. The agency must submit proof to the Merit System Administrator that a written attempt was made to contact the eligible. Eligibles not responding to inquiries may be removed from the register.

(g) The life of a certification will be twenty-one (21) calendar days. Certifications will be returned to the Merit System Office at the end of the twenty-one (21) days and no appointment may be made from the register thereafter.

(2) Local Office Certification. For vacancies in local offices the procedure will be the same as for the state office except the local office will receive countywide and statewide registers. The appointing authority will have the option of selecting an eligible(s) for appointment from either register. If there are fewer than three eligibles on either register the Administrator will submit a nationwide register if one is available.

(3) Certification from Promotional Registers. When promotional examinations are given the registers established will be used only for certifications to the agency for which the examinations were given. In using a promotional register, the Administrator will certify the five highest available eligibles when competitive promotion is requested. For non-competitive promotions any permanent employee of the agency who is on an appropriate promotional or open-competitive register may be certified.

(4) Information Concerning Eligibles. When it is requested, all information that the Administrator has on file concerning eligibles who are certified will be made available to appointing authorities who are considering the eligibles for appointment. When information is not specifically requested the only information to be forwarded with the certificate will be a photocopy of the eligible's application and the most recent availability inquiry. (History: Sec. 59-914, R.C.M., 1947; NEW MAC Notice No. 2-3-34-1; MAC Order No. 2-3-34-2; Adp. 3/17/76; Eff. 4/5/76.)

2-3.34(50)-S34420 SELECTION (1) Basis for Plan. Selection for entrance to Merit System positions will be through open competition. The selection process will maximize reliability, objectivity, and validity through a practical and normally multipart assessment of the applicant's attributes necessary for successful job performance and career development. Applicants will meet the minimum requirements of the job class. The parts of the total examination may consist in various combinations, as appropriate to the class and to available manpower resources, of such devices as work-sample and performance tests, practical written tests, individual and group oral examinations, ratings of training and experience, physical examinations, and background and reference inquiries. Credit checks or inquiries are prohibited. In determining ranking of candidates those combinations utilized will be appropriately weighted. To facilitate employment of disadvantaged persons in aide or similar positions, competition may be limited to such individuals. (History: Sec. 59-914, R.C.M., 1947; NEW MAC Notice No. 2-3-34-1; MAC Order No. 2-3-34-2; Adp. 3/17/76; Eff. 4/5/76.)

Sub-Chapter 54

APPOINTMENTS, CAREER ADVANCEMENT, DEMOTIONS, REASSIGNMENTS, AND TRANSFERS AND RECLASSIFICATIONS

2-3.34(54)-S34430 APPOINTMENTS (1) Basis for Plan. Appointments to positions not herein exempted will be made on the basis of merit by selection from among the highest available eligibles on appropriate registers established in accordance with the provisions on recruitment and selection. Permanent appointment will be based upon satisfactory performance of employees during a fixed probationary period. In the absence of an appropriate register, individuals appointed to temporary or other non-status positions or given provisional appointments to permanent positions pending establishment of a register will be certified by the Merit System Administrator as meeting at least the minimum qualifications established for the class of position. Such appointments will be time limited. Provisional appointments will not be continued beyond the established time limit unless compelling extenuating circumstances exist and are a matter of record. Provisional appointments will be terminated within a specified reasonable period following establishment of an appropriate list of eligibles. Emergency appointments may be made for a specified limited period to provide for maintenance

of essential services in an emergency situation where normal employment procedures are impracticable.

(2) Probationary Appointments.

(a) All appointments in Merit System agencies exclusive of exempt positions will be made from appropriate registers whenever there are three or more eligibles available. Selection will be made from names certified in accordance with these rules. Appointments to county or local positions will be reviewed by the administrative officer of the state agency involved to make sure that Merit System rules and regulations are strictly followed. In selecting persons from among those certified, the appointing authority will be entitled to receive and consider all information about them which has been secured by the Merit System Office and the appointing authority must interview all available eligibles.

(b) In making appointments, veterans' preference must be granted in accordance with Section 77-501, Revised Codes of Montana, 1947, as amended.

(c) Eligibles who accept appointment and fail to report for duty at the time and place specified by the agency, except under extenuating circumstance(s) approved by the Council, will be permanently suspended from the register for a period of two (2) years from the date of establishing their numerical rating. No reinstatements to the register will be made.

(d) All probationary appointees will work on a probationary basis for a period ranging from a minimum of six (6) months to a maximum of twelve (12) months as predetermined for each class of position by the agency, with approval of the Merit System Administrator. Upon completion of the probationary period, the status of an employee will be changed automatically from probationary to permanent if the agency failed to prepare the written evaluation as outlined in paragraph (e) below.

(e) The services of a probationary employee serving a six (6) month probationary period will be given a written evaluation at the end of the fifth month. Employees not performing satisfactorily may be given thirty (30) days to improve their performance. The services of an employee serving a twelve (12) month probationary period will be given a written evaluation at the end of the sixth month and again at the end of the eleventh month. If the evaluation(s) is/are satisfactory the employee is given permanent status at the end of the probationary period. Written evaluations must be signed by the employee. If an employee refuses to sign a written evaluation the evaluator will attest to the fact by signing the evaluator's name, date, time, and reasons given by the employee for not signing the evaluation sheet. The

employee will have the right to a written rebuttal of any written evaluation. Copies of written negative evaluations and rebuttals will be forwarded to the Merit System Office and will be filed in the employee's personnel jacket. After the probationary period, employees must be evaluated at least on an annual basis.

(f) Probationary appointees who have been selected from a county or local area certification may not be transferred to another office during the probationary period unless they are eligible for certification for the position to which they are transferred.

(g) Probationary appointments may be terminated by the executive officer of the agency at any time during the probationary period and the employee will have no right of appeal or hearing before the Merit System Council unless the employee alleges discrimination as defined in Sub-Chapter 38, Rule 2-3.34(38)-S34300, paragraph (2).

(3) Temporary Appointments. In filling temporary positions eligible applicants who have indicated willingness to accept temporary employment will be certified from the appropriate register, using the same certification procedure as for probationary appointments. Temporary appointments may not continue for more than six (6) months in a twelve (12) month period, and eligibles may not be given successive temporary appointments. A full time equivalent position (FTE) may not be filled with successive temporary appointments. All temporary appointments must have prior approval of the Merit System Administrator.

(4) Provisional Appointments. A person certified by the Merit System Administrator as meeting the minimum qualifications for a class of position may be appointed to it on a provisional basis subject to examination within six (6) months if there are fewer than three persons available for appointment from the register for this class and closely related classes and providing the position has been properly advertised according to the rules of Sub-Chapter 46, Rule 2-3.34(46)-S34380, paragraphs (3) and (4). The duration of a provisional appointment may never exceed six (6) months nor may it exceed thirty (30) days after the appropriate register has been established. Successive provisional appointments of the same person may not be made and a full time equivalent position (FTE) may not be filled by repeated provisional appointments. The period of provisional appointment will be considered as part of the probationary period for persons who are given a probationary appointment within six (6) months of the provisional appointment. All provisional appointments must have prior approval of the Merit System Administrator.

(5) Emergency Appointments. When additional employees are urgently needed and cannot be secured from appropriate registers, emergency appointments may be made without regard to other provisions of these rules with respect to appointments. An emergency appointment is limited to forty (40) calendar days during any twelve (12) month period. A full time equivalent position (FTE) will not be filled by successive emergency appointments, and successive emergency appointments of the same person may not be made.

(6) Intermittent Appointments. Lists, composed of the names of persons who have been permanent, probationary, or temporary employees appointed in accordance with this Rule for at least three (3) months and who have indicated to the Administrator willingness to accept intermittent employment, will be prepared by the Administrator. Such lists, arranged according to class of position, will be known as reserve lists. If the work of an agency demands the services of a person for intermittent periods, the appointing authority may select a person from a reserve list for a class of position. An appointment may be made to a vacancy in the specific class of position for which the reserve list was established, as well as to a vacancy in a related lower class of position, without regard to the standing of the persons on the reserve list, and without prior clearance of the Administrator, but such appointment will be reported to the Administrator. An intermittent appointment to a higher class of position, however, will not be made from any list of a lower class of position. When the reserve lists become exhausted, appointments will be made in accordance with other provisions of this Rule. The period of intermittent service will not constitute a part of the probationary period. In no case will intermittent employment of an individual continue longer than ninety (90) working days in succession or exceed a total of six (6) months during a twelve (12) month period.

(7) Congressionally Authorized Employment and Training Program Appointments. Congressionally authorized employment and training program appointments may be made notwithstanding other provisions of these rules in order to hire persons who meet eligibility requirements established in federal legislation for special employment and training programs in effect at the time of such appointment. Such appointments may be made of persons meeting the federally established eligibility requirements from lists established through open competition, on competition limited to persons meeting those requirements, or persons found by the Merit System Administrator to meet the minimum qualification requirements for the position. Authority to determine that appointees meet minimum qualification requirements and applicable employment requirements may be delegated by the Merit System Administrator to the

employing agency. Such appointments may be made for up to one (1) year and may be renewed at the discretion of the Merit System Administrator during the duration of the federally authorized program. Recipients of appointments under this Rule will not be given any type of Merit System status and may not be converted to probationary or permanent status appointments except under the following conditions:

(a) When original appointment under this Rule was made from lists established on an open competitive or limited competitive basis, or

(b) When, during the term of appointments under this Rule, the individual comes within reach on an appropriate open competitive register; or, for aide and similar positions on an appropriate register established through limited competition

An appointee who has not earned Merit System Status must be terminated at the end of the program date. (History: Sec. 59-914, R.C.M., 1947; NEW MAC Notice No. 2-3-34-1; MAC Order No. 2-3-34-2; Adp. 3/17/76; Eff. 4/5/76.)

2-3.34(54)-S34440 CAREER ADVANCEMENT (1) Basis for Plan. Employee performance and potential should be evaluated systematically in order to improve individual effectiveness, to assess training needs and plan training opportunities, and to provide a basis for decisions on placements, promotions, separations, salary advancements, and other personnel actions. When in the best interest of the service it is determined to fill a position by promotion, consideration will be given to the eligible permanent employees in the agency or in the career service and the selection will be based upon demonstrated capacity, and quality and length of service. Promotions will require certification of eligibility by the Merit System Administrator.

(2) Open Competitive Promotions. Whenever practical, promotions should be made on an open competitive basis. Vacancies may be filled by promotion of permanent or probationary employees who are qualified for the higher class of position. Promotional vacancy announcements should be posted on all employee bulletin boards for a period of not less than seven (7) days.

(3) Non-Competitive Promotions. An agency may promote a permanent status employee upon certification by the Merit System Administrator that the employee has passed an appropriate examination and meets the current minimum qualifications for the position involved. Probationary employees may be promoted only if they can be certified on an open competitive basis. Employees who are promoted must serve a new probationary period. A promoted employee, serving a new probationary period, will not lose the rights and privileges to the position held just prior to promotion.

(4) Provisional Promotions. Except under extenuating circumstance(s) approved by the Merit System Council provisional promotions of either permanent or probational employees will not be made.

(5) Promotional Examinations. At the request of an agency the Administrator may conduct promotional examinations for one or more classes of positions. Competition will be limited to one (1) agency or two (2) or more agencies if they agree to use joint promotional registers. The procedure in conducting examinations and establishing registers will be the same as for open competitive examination programs except for the limited competition. (History: Sec. 59-914, R.C.M., 1947; NEW MAC Notice No. 2-3-34-1; MAC Order No. 2-3-34-2; Adp. 3/17/76; Eff. 4/5/76.)

2-3.34(54)-S34450 DEMOTIONS (1) Agency Initiated Demotions. Permanent employees may be demoted for cause. Salary adjustments will be made according to rules, regulations, and policies developed in conjunction with House Joint Resolution Thirty-seven (37) which implements Section Six (6), Chapter 440, Session Laws of Montana, 1973.

(2) Voluntary Demotions. When an employee requests demotion or agrees to a demotion for non-disciplinary reasons the employee will be paid at a step in the new salary range. The employee's salary will be adjusted downward step for step or, at the option of the agency, to any step in the new range that does not exceed his currently held rate of pay or does not exceed the maximum of the new pay range. (History: Sec. 59-914, R.C.M., 1947; NEW MAC Notice No. 2-3-34-1; MAC Order No. 2-3-34-2; Adp. 3/17/76; Eff. 4/5/76.)

2-3.34(54)-S34460 REASSIGNMENTS (1) Approval. Employees may not be temporarily reassigned to a higher class of position than that class currently held by the employee without prior approval of the Merit System Council. Reassignments may not exceed twelve (12) months in duration.

(2) Reassignments. An employee who is reassigned to a different class of position will be paid at the same rate of pay as before reassignment, except that in cases of added responsibilities and duties the employee's salary may be increased not to exceed the maximum of his current range or step one of the new range of reassignment, whichever is greater. Upon termination of the temporary assignment the employee will return to his original rate of pay or at the discretion of the agency to a step to which an employee would have earned had the employee not been reassigned. (History: Sec. 59-914, R.C.M., 1947; NEW MAC Notice No. 2-3-34-1; MAC Order No. 2-3-34-2; Adp. 3/17/76; Eff. 4/5/76.)

2-3.34(54)-S34470 TRANSFERS AND RECLASSIFICATIONS (1) Transfers. Inter and intra-agency transfers without change in title or salary may be made at any time.

(2) Reclassifications. Reclassification to another class of position having the same entrance salary requires certification by the Merit System Administrator concerning eligibility for appointment to the new position. The Administrator may require a qualifying examination. (History: Sec. 59-914, R.C.M., 1947; NEW MAC Notice No. 2-3-34-1; MAC Order No. 2-3-34-2; Adp. 3/17/76; Eff. 4/5/76.)

Sub-Chapter 58

LAYOFFS AND SEPARATIONS, GRIEVANCES, APPEALS

2-3.34(58)-S34480 LAYOFFS AND SEPARATIONS (1) Basis for Plan. Employees who have acquired permanent status will not be subject to separation or suspension except for cause or reasons of curtailment of work or lack of funds. Retention of employees in classes affected by reduction in force will be based upon systematic consideration of appointment, length of service, and relative efficiency. In the event of separation permanent employees will have the right to appeal to an impartial body through an established procedure.

(2) Tenure of Office. The tenure of office of permanent employees will be based upon satisfactory performance of duties as indicated by evaluations of their service. This does not prevent separations for cause, for lack of funds, or for curtailment of work in accordance with these rules.

(3) Resignations. Resignations made to an agency in writing, stating the reasons for leaving, will be made a part of the agency's personnel record for the employee. A photocopy of such resignation shall be forwarded to the Merit System Office and made a part of the employee's permanent record.

(4) Reduction of Force. The executive officer of the agency may separate employees without prejudice because of lack of funds, curtailment of work, or to permit reinstatements following leaves of absence. The order of separations according to status within a class will be emergency, provisional, temporary, probationary, and permanent employees. When employees of the same status are separated, service ratings and seniority will be considered.

(5) Suspensions. After written notice outlining the reasons for suspension, the executive officer of the agency may suspend an employee, without pay, for cause, for a period not to exceed thirty (30) calendar days in any one calendar year. Dismissal may follow the suspension period. A

photocopy of the letter of suspension will be forwarded to the Merit System Office and become a part of the employee's record.

(6) Dismissal. After written notice outlining the reasons for dismissal, the executive officer of the agency may dismiss any employee for cause. Permanent employees will have the right of appeal and hearing before the Merit System Council.

(7) Retirement. All conditions of retirement will be according to the agency's retirement policy and the Revised Codes of Montana, if applicable.

(8) Reinstatement to a Previous Class of Position. A permanent employee who resigned while in good standing or who was separated without prejudice may be reinstated to the employee's former class of position under the following conditions:

(a) A position must be vacant.

(b) The period of his continuous service with the agency must be greater than or equal to the length of time since he was separated, with a time limit of three (3) years from the date of separation.

(c) The employee must also meet current minimum qualifications for the class of position, unless the employee is to be reinstated within a year from the date of separation to the class of position previously occupied or to a lower class in the same series. An employee separated through a reduction in force will be reinstated to his former class of position under the following conditions:

(i) The position is vacant.

(ii) The separated employee is available for employment. Appointments of other eligibles to classes of positions from which an employee was separated by reduction in force may not be made until the separated employee or employees have been offered but refused reinstatement. The order of reinstatement shall be the last off first reinstated.

(9) Conflicting Employment. What constitutes conflicting employment in an agency will be determined by the executive officer of the agency according to the following criteria:

(a) Does the outside employment conflict with the time the employee should spend at his regular duties?

(b) Does the outside employment impair the efficiency of the employee for his regular duties?

(c) Do the interests of the outside employment and the regular employment of the individuals conflict?

(d) Are the public relations of the agency impaired by the employee engaged in the performance of outside duties? After written warning that the employee is engaging in conflicting employment and the employee persists in such employment, the employee may be dismissed by the executive officer

of the agency. Any employee who is dismissed because of alleged conflicting employment may have the right of appeal and hearing before the Montana State Merit System Council. (History: Sec. 59-914, R.C.M., 1947; NEW MAC Notice No. 2-3-34-1; MAC Order No. 2-3-34-2; Adp. 3/17/76; Eff. 4/5/76.)

2-3.34(58)-S34490 GRIEVANCES (1) Each agency participating in the Montana State Merit System will have a standardized procedure for processing grievances. No employee will be allowed to file an appeal or request a hearing before the Merit System Council until such employee has exhausted the remedies as outlined in the grievance procedure developed by the agency. In the grievance procedure the agency will stipulate a time frame for completion of each step that is not unreasonable or would present a hardship to an employee attempting to resolve a grievance. (History: Sec. 59-914, R.C.M., 1947; NEW MAC Notice No. 2-3-34-1; MAC Order No. 2-3-34-2; Adp. 3/17/76; Eff. 4/5/76.)

2-3.34(58)-S34500 APPEALS (1) Permanent Employees. Permanent employees who have been reclassified, demoted, suspended, dismissed, retired, separated through a reduction in force, denied reinstatement when the employee's previous class of position is open, or allege that they have been subject to discrimination as defined in Sub-Chapter 38, Rule 2-3.34(38)-S34300, paragraph (2), may appeal to the Montana State Merit System Council. Such appeals must be made within thirty (30) calendar days after the effective date of exhaustion of the grievance procedure on which the appeal is based. The appeal must be in writing and must state the basis and facts surrounding the alleged grievance. A formal hearing before the Merit System Council will be arranged by the Merit System Administrator within fifteen (15) calendar days upon receipt of the written appeal. The Attorney General's Model Rule 14 is modified to this extent. The executive officer of the agency will be furnished a copy of the appeal in advance of the hearing. The employee, the employee's immediate supervisor, and the appointing authority will be notified reasonably in advance of the hearing and will have the right to bring witnesses, give evidence, and/or have someone represent them. The decision of the Council in all appeals will be final and binding upon the agency and employee, but does not preclude the agency's or employee's right to appeal the Council's decision before a Montana District Court as provided under the Montana Administrative Procedures Act, Section 82-4216, R.C.M., 1947.

(2) Applicants and Eligibles. Applicants and eligibles who allege discrimination as defined in Sub-Chapter 38, Rule

2-3.34(38)-S34300, paragraph (2), who have been found ineligible to take examinations, who fail examinations, or who have been removed from a register, may also appeal to the Montana State Merit System Council. With the exception of discrimination as defined in Sub-Chapter 38, Rule 2-3.34(38)-S34300, paragraph (2), hearings will be informal; the Council need not meet as a body. The following procedures will apply:

(a) When rejected for examination the Council will review the applicant's qualifications and make a determination as to whether or not the individual will be admitted to the examination. The individual will not be admitted to any part of the examination pending the Council's decision.

(b) In hearing any appeal of a rating the Council will determine whether or not an error was made in scoring the candidate. If the Merit System Administrator is ordered to correct the applicant's rating it will be done immediately. However, the correction will not affect certifications or appointments that have already been made from the register.

(c) When an eligible appeals a removal from a register the Administrator will furnish the Council all facts relating to the action. After investigation the Council will render a decision. The Council's decision will not affect certifications on appointments that have already been made from the register. (History: Sec. 59-914, R.C.M., 1947; NEW MAC Notice No. 2-3-34-1; MAC Order No. 2-3-34-2; Adp. 3/17/76; Eff. 4/5/76.)

Sub-Chapter 62

COOPERATION BETWEEN MERIT SYSTEMS

2-3.34(62)-S34510 COOPERATION (1) Basis for Plan. To facilitate public service mobility and maximum utilization of manpower, provision should be made for: cooperational interjurisdictional recruiting, examining, certifying, training, and other personnel functions; adding to registers of eligibles, applicants with eligibility on comparable examinations in other jurisdictions; appointing on the basis of their permanent Merit System status in another jurisdiction, with maximum protection of their retirement and other benefits.

(2) Applicability. An employee or eligible in any Merit System may transfer an earned numerical score to a Montana Merit System register provided the duties and levels of responsibility of the class approximate those of a comparable class of position classified under the Montana State Merit System and the examination used is comparable to that of the Montana State Merit System. (History: Sec. 59-914,

R.C.M., 1947; NEW MAC Notice No. 2-3-34-1; MAC Order No. 2-3-34-2; Adp. 3/17/76; Eff. 4/5/76.)

Sub-Chapter 66

EXTENSION OF MERIT SYSTEM

2-3.34(66)-S34520 EXTENSION (1) Basis for Plan. As determined by the state, upon initial extension of the Merit System to a program, an incumbent may obtain permanent status through an open competitive examination; or if the incumbent has a specified period of service in the agency, at its discretion the incumbent may attain permanent status if the incumbent passes a non-competitive qualifying examination. If the incumbent does not pass, such an employee may be retained in the position in which the employee has incumbency preference without acquiring the rights of Merit System status.

(2) Qualifying Examinations.

(a) When the Merit System is extended to include an agency which has not been previously covered, an employee of the agency may obtain status in the employee's position through an appropriate qualifying examination. Upon recommendation of the agency the employee will be automatically admitted to the examination for the position in which the employee has incumbency.

(b) In order to obtain permanent status, the employee must receive a passing grade in such examination and must be certified by the agency as having given satisfactory service in the position for six (6) months prior to the effective date of obtaining status. Qualifying examinations must meet the same standards as all other merit examinations.

(c) If the employee does not pass the qualifying examination the employee may be retained in the position in which the employee has incumbency preference without acquiring the rights of Merit System status.

(3) Determining Type of Qualifying Examination. Prior to examination the agency must determine whether their personnel will be qualified on either an open competitive or non-competitive basis. All personnel must be qualified under one plan as determined by the agency. (History: Sec. 59-914, R.C.M., 1947; NEW MAC Notice No. 2-3-34-1; MAC Order No. 2-3-34-2; Adp. 3/17/76; Eff. 4/5/76.)

Sub-Chapter 70

PERSONNEL RECORDS AND REPORTS

2-3.34(70)-S34530 PERSONNEL RECORDS (1) Basis for Plan. Such personnel records as are necessary for the proper

administration of a Merit System and related agency personnel programs will be maintained. Periodic reports will be prepared as necessary to indicate compliance with applicable state and local requirements and these standards.

(2) Agency Personnel Records. The executive officer of the agency will designate a staff employee as personnel officer of the agency. Under the direction and supervision of the executive officer, and subject to the executive officer's final approval, the personnel officer will be responsible for the entire personnel program of the state and county or local offices of the agency, including preparation and administration of classification and compensation plans, and reporting on retention or termination of probationary employees on the basis of evaluations by the supervisors concerned; will assist the Merit System Administrator in planning examination programs to recruit enough applicants for the needs of the agency; will assist the Administrator in developing job related examinations; will maintain complete records of personnel actions of the agency, and notify the Administrator of appointments, promotions, salary increases, demotions, transfers, dismissals, resignations, and reduction in force; will maintain written employee evaluations.

(3) Merit System Records and Reports. The Administrator will maintain all Montana State Merit System records pertaining to examinations, availability of eligibles, certifications, personnel actions in the agencies, and other matters specified in these rules. The agency personnel officer will furnish the Administrator with information concerning all personnel actions of the agency. From time to time the Administrator will make studies and prepare reports for the Council and the agencies concerning the effectiveness of the entire Merit System program. The Administrator will compile information concerning the overall activities of the Montana State Merit System for the annual report to be made by the Council. (History: Sec. 59-914, R.C.M., 1947; NEW MAC Notice No. 2-3-34-1; MAC Order No. 2-3-34-2; Adp. 3/17/76; Eff. 4/5/76.)

Sub-Chapter 74

ANNUAL VACATION, SICK, MILITARY, JURY DUTY, CONFERENCE, OR EDUCATIONAL LEAVE, AND RETIREMENT

2-3.34(74)-S34540 ANNUAL VACATION LEAVE (1) Jurisdiction. Accumulation, utilization, and other conditions of annual vacation leave are subject to the conditions of Sections 59-1001 through 59-1007-1, Revised Codes of Montana,

1947, as amended. (History: Sec. 59-914, R.C.M., 1947; NEW MAC Notice No. 2-3-34-1; MAC Order No. 2-3-34-2; Adp. 3/17/76; Eff. 4/5/76.)

2-3.34(74)-S34550 SICK LEAVE (1) Jurisdiction. Accumulation, utilization, and other conditions of sick leave are subject to the conditions of Section 59-1008, Revised Codes of Montana, 1947, as amended. (History: Sec. 59-914, R.C.M., 1947; NEW MAC Notice No. 2-3-34-1; MAC Order No. 2-3-34-2; Adp. 3/17/76; Eff. 4/5/76.)

2-3.34(74)-S34560 MILITARY LEAVE (1) Jurisdiction. All conditions of military leave are subject to Section 77-2104, Revised Codes of Montana, 1947, as amended. (History: Sec. 59-914, R.C.M., 1947; NEW MAC Notice No. 2-3-34-1; MAC Order No. 2-3-34-2; Adp. 3/17/76; Eff. 4/5/76.)

2-3.34(74)-S34570 JURY DUTY (1) Jurisdiction. All conditions of jury duty are subject to Section 59-1010, Revised Codes of Montana, 1947, as amended. (History: Sec. 59-914, R.C.M., 1947; NEW MAC Notice No. 2-3-34-1; MAC Order No. 2-3-34-2; Adp. 3/17/76; Eff. 4/5/76.)

2-3.34(74)-S34580 CONFERENCE OR EDUCATIONAL LEAVE (1) Conference Leave. Employees may attend conference or training programs approved by the executive officer of the agency without loss of pay or vacation leave. Such conferences must be for the purpose of imparting information that will make the employee better qualified to perform the duties of the employee's position.

(2) Educational Leave. A satisfactory permanent or probationary employee who may become more useful to an agency if given further professional training may be granted an educational leave with the approval of the executive officer of the agency. This leave may be at full pay, partial pay, or without pay at the discretion of the executive officer of the agency. (History: Sec. 59-914, R.C.M., 1947; NEW MAC Notice No. 2-3-34-1; MAC Order No. 2-3-34-2; Adp. 3/17/76; Eff. 4/5/76.)

2-3.34(74)-S34590 RETIREMENT (1) Retirement Age. Except as otherwise provided in these rules, the age at which employees covered by the Merit System shall be retired will be age sixty-five (65). For purposes of this rule the age of an employee shall be the age attained on the employee's last birthday and shall be subject to verification.

(2) Request for Deferral. Any employee who is about to reach retirement age may request permission to continue to be employed. Such a request must be in writing and made at

least ninety (90) calendar days before the employee reaches retirement age. Such requests shall be directed to the appointing authority of the agency. In evaluating a request for deferral of retirement the appointing authority shall determine whether such action would be in the best interest of the agency. In making the determination the appointing authority shall consider supervisory reports on the employee, medical reports concerning the employee's physical and mental condition if deemed necessary, and the possibility of finding a replacement for the employee. The findings of the appointing authority shall be presented to the executive officer of the agency for use in making a decision on the request for deferral of retirement. The executive officer of the agency shall notify the employee, in writing, of the executive officer's decision at least sixty (60) days before the employee reaches retirement age.

(3) Deferral Limits. No initial deferral of retirement shall be for a period in excess of one (1) year, but deferrals may be continued on a year to year basis subject to the same conditions governing the initial deferral of retirement.

(4) Cancellation of Deferral. Upon fifteen (15) days notice to the employee, the executive officer of the agency may cancel a deferral of retirement at any time.

(5) Age Discrimination. This rule does not prohibit the employment of persons who have attained retirement age, but their fitness for employment must be reviewed prior to their employment. (History: Sec. 59-914, R.C.M., 1947; NEW MAC Notice No. 2-3-34-1; MAC Order No. 2-3-34-2; Adp. 3/17/76; Eff. 4/5/76.)

Sub-Chapter 78

CLASSIFICATION AND COMPENSATION FOR LOCAL GOVERNMENT EMPLOYEES ONLY

2-3.34(78)-S34600 CLASSIFICATION PLAN (1) Basis for the Plan. Each local government agency will provide a position classification plan based upon analysis of the duties and responsibilities of each position and maintained on a current basis. The classification plan will include an appropriate title for each class of position, a description of the duties and responsibilities of positions in the class, and minimum requirements of training, experience, skills, knowledges, abilities, and other qualifications necessary for entry into the class. Position classification will group together under common titles those positions having approximately the same duties and responsibilities and the same

requirements of training and experience. Whenever possible, identical specifications will be used for similar positions in two or more agencies.

(2) Adoption, Maintenance, and Revision of Plan.

(a) The developed position classification plan will be referred to the Montana State Merit System Council for review and comment. If the Council finds the plan acceptable it will formally adopt the plan.

(b) The agency will keep the plan up to date by making required changes from time to time. Class specifications will be revised to reflect the current duties and responsibilities of the position. Positions will be reclassified when there is a significant change in duties and responsibilities. Revisions will be submitted to the Council for approval and formal adoption.

(c) Amendments to the original position classification plan will be prepared and submitted by the agency to the Council for review, comment, and formal adoption in the same manner as the original plan.

(d) When the Council makes recommendations to revise a job specification submitted to the Council for formal adoption the agency will comply with the Council's recommendation(s).

(3) Allocation of Positions.

(a) All except specifically exempted positions will be allocated to the most appropriate class under the plan, and proper class titles will be used in payroll and personnel records of the agency. The classification plan will be the basis for examination announcements and admission to examinations.

(b) No appointments or promotions can be made to positions that have not been properly classified except in emergency situations approved by the Council.

(c) When the classification plan is revised, positions will be reallocated if they are found to belong in a different class or if the old class has been abolished. Incumbents of reallocated positions will be reassigned to the appropriate class with an equivalent rate of pay. If the pay they are now receiving is less than the minimum of the new range the salary will be adjusted to the minimum. If the employee's salary is not within an established rate of the new class the salary will be adjusted to the nearest rate in the new class which is above the employee's current rate of pay. (History: Sec. 59-914, R.C.M., 1947; NEW MAC Notice No. 2-3-34-1; MAC Order No. 2-3-34-2; Adp. 3/17/76; Eff. 4/5/76.)

2-3.34(78)-S34610 COMPENSATION PLAN (1) Basis for Plan. A plan of compensation for all classes of positions will be established and maintained on a current basis. The

plan will include salary rates adjusted to the responsibility and difficulty of work and will take into account the prevailing compensation for comparable positions in the recruiting areas and in other agencies of the government and other relevant factors. It will provide for salary advancements for full time permanent employees based upon quality and length of service and for other salary adjustments. Compensation in a local agency will be governed by a compensation plan which, at the option of the state, is established by: a local government and covers other local agencies; the state and covers local grant-in-aid agencies; or the state and covers the agency responsible for state administration of federal grants.

(2) Adoption of Plan. If a local government agency is granted the authority to develop its own compensation plan it must submit that plan to the appropriate state agency for consideration and approval. If the compensation plan is approved it will be forwarded to the Merit System Council for formal adoption. In setting up the plan the agency will consider the amount of funds available, the prevailing rates of pay in government and private employment, the cost of living, the state's financial policies, the level of each class of position in the overall classification plan, and other relevant factors.

(3) Administration of the Plan. After the plan has been adopted or amended it must be used as the official schedule of salaries for all positions under the Merit System. Salaries paid for each position must be at one of the steps for that class set up in the compensation plan. The entrance salary for any employee must be at the minimum for the class to which appointed, except that for positions requiring highly specialized training or experience and skill, entrance salaries above the minimum may be paid under the following conditions:

(a) There must be no more than three (3) eligibles available at the minimum salary for the position involved.

(b) The person employed must be among the three (3) highest eligibles available at the salary offered.

(c) The person employed must possess minimum qualifications in excess of the entrance requirement for the classification and at least equal to one (1) additional year of education or experience for each step above the minimum.

(d) The entrance salary, except for professional positions that are deemed critical, must not be higher than the third step in the salary range for the position involved.

(e) The appointment must be approved in advance by the Merit System Administrator.

(4) Revision of the Plan. When the compensation plan

is revised all employees must be paid at one of the steps in the new plan. The employee's adjusted salary in the new plan may not be more than one (1) step higher than that salary in the old plan or to the minimum of the new range, whichever is greater. In making salary adjustments the same general policy will be applied equally to all employees. Compensation revisions will be considered as salary adjustments and not salary advancements.

(5) Promotional Advancements. Employees who do not meet the minimum qualifications of the new class shall not be promoted. Promotions will not be automatic, but will be based on satisfactory service ratings and other measures of performance with due consideration to length of service. The salary of an employee who is promoted will be advanced to one of the steps in the new range. The advancement will not be more than two (2) steps above the employee's current rate or to the minimum of the new range, whichever is greater. Promotional salary increases will be known as salary advancements.

(6) Amount and Frequency of Salary Advancements. Regular salary advancements will be at the rate of one step in the range six months or more after appointment, or six months or more after the most recent salary advancement.

(7) Special Salary Advancements. Special salary advancements of not more than two steps in the range in a one year period may be made for unusually meritorious service. Each agency shall establish written standards which define unusually meritorious service. Special salary advancements will be made by the agency after approval by the Merit System Administrator. An agency shall have the right to appeal to the Merit System Council if a request for a special salary advancement has been disapproved by the Merit System Administrator.

(8) Demotions.

(a) Agency Initiated Demotions. Permanent employees may be demoted for cause. The salary of an employee who is demoted for disciplinary reasons shall be adjusted downward step for step in the employee's new pay grade or at the option of the agency to the minimum of the new range. The agency may require a demoted employee to serve a new probationary period for the position to which the employee is demoted. Such an employee required to serve a new probationary period may be terminated for cause by the agency and will have no right of appeal or hearing before the Montana State Merit System Council unless the employee alleges discrimination as defined in Sub-Chapter 38, Rule 2-3.34(38)-S34300, paragraph (2).

(b) Voluntary Demotions. When an employee requests demotion or agrees to a demotion for non-disciplinary reasons the employee will be paid at a step in the new salary range. The employee's salary will be adjusted downward step for step or, at the option of the agency, to any step in the new range that does not exceed the currently held rate of pay or does not exceed the maximum of the new pay range.

(9) Reassignments.

(a) Approval. Employees may not be temporarily reassigned to a higher class of position than that class currently held by the employee without prior approval of the Merit System Council. Reassignments may not exceed twelve (12) months in duration.

(b) Reassignments. An employee who is reassigned to a different class of position will be paid at the same rate of pay as before reassignment, except that in cases of added responsibilities and duties the employee's salary may be increased not to exceed the maximum of his or her current range or step one of the new range of reassignment, whichever is greater. Upon termination of the temporary reassignment the employee will return to his or her original rate of pay or, at the discretion of the agency, to a step to which the employee would have earned had the employee not been reassigned.

(10) Transfers and Reclassification.

(a) Transfers. Intra-agency transfers without change in title or salary may be made at any time.

(b) Reclassification. Reclassification to another class of position having the same entrance salary requires certification by the Merit System Administrator concerning eligibility for appointment to the new position. The Administrator may require a qualifying examination. (History: Sec. 59-914, R.C.M., 1947; NEW MAC Notice No. 2-3-34-1; MAC Order No. 2-3-34-2; Adp. 3/17/76; Eff. 4/5/76.)

GLOSSARY

1. Administrator means the Administrator of the Merit System Council.

2. Agency means a division of state government operating under the Merit System Council.

3. Appointing authority means the person or group of persons authorized by law or properly delegated to make appointments to positions.

4. Class means a group of positions sufficiently similar in all important characteristics to be given the same title and salary schedule.

5. Council means the Merit System Council.

6. Demotion, involuntary, means a change in title of an employee for disciplinary reasons from one class to another having a lower entrance salary. Voluntary demotion means a change in title of an employee for other than disciplinary reasons from one class to another having a lower entrance salary.

7. Dismissal means the termination of employment for cause.

8. Eligible means a person who has passed a merit examination and has been placed on a register.

9. Emergency appointment means an appointment during a state of emergency without regard to minimum qualifications or eligibility of appointees.

10. Employee means any person carried on the payroll of an agency.

11. Exempt position means a position specifically excluded from coverage by the rules of the Merit System Council.

12. Minimum qualifications means the requirements of training and experience as outlined in the specifications for a class.

13. Permanent employee means an employee approved for permanent tenure after serving a probationary period.

14. Personnel officer means the person immediately responsible for personnel administration within an agency.

15. Position means any office or employment composed of specific duties.

16. Probationary period means the first six months of employment following appointment from a register for a permanent position.

17. Promotion means a change in title of an employee from one class to another having a higher entrance salary.

18. Provisional appointment means an appointment of a person possessing minimum qualifications for the position to which he is appointed but who has not passed an examination for the position.

19. Reappointment means a return to employment in an agency in a different class or without previously accrued rights.

20. Reassignment means a change in title of an employee for other than disciplinary reasons from one class to another.

21. Reclassification means a change in title of an employee from one class to another having the same entrance salary.

22. Reduction in force means the termination of employment resulting from lack of funds, curtailment of work, or reinstatement of employees who are on leave of absence.

23. Register means a list of eligibles who have passed examinations for the same class of position.

24. Reinstatement means a return to employment in an agency in the same class, or a closely related lower class, with all previously accrued rights.

25. Resignation means the termination of employment at the request of the employee.

26. Salary adjustment means a change in rate of pay as a result of revisions in the compensation plan or a transfer, demotion, or promotion of an employee. (Salary increases of one step or more in the salary range resulting from promotions will be considered as salary advancements in determining eligibility for further advancements.)

27. Salary advancement means an increase in salary from one step in the salary range for a class to a higher step in the range.

28. Status means the type of tenure earned by an employee, such as provisional, probationary, or permanent.

29. Suspension means an enforced leave of absence for cause.

30. Temporary appointment means an appointment from a register for a period of six months or less.

31. Termination means the termination of employment during or at the end of a period of employment of specified maximum duration, other than by resignation, reduction in force, or dismissal.

32. Transfer means a change of assignment of an employee from one position to another in the same class.

ADOPTION

These Merit System Council Rules have been approved by the following agencies and have become effective for them as of April 5, 1976:

Department of Health and Environmental Sciences

Department of Social and Rehabilitation Services

Board of Crime Control, Department of Justice

Civil Defense Division, Department of Military Affairs

Employment Security Division

Statistical and Mine Units, Division of Worker's Compensation, Department of Labor and Industry

Mental Health Bureau, Addictive Diseases Unit, and Southwest Montana Drug Program, Department of Institutions

Surplus Property Program, Office of the Superintendent of Public Instruction

Merit System Council

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MERIT SYSTEM COUNCIL

References are to title, sub-title,
chapter, sub-chapter, and section numbers

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State of Montana

Department of Institutions

Helena, 59601

November 1, 1976

Larry Carlson, Administrator
Adaptive Services Division
Department of Institutions
Helena, Montana 59601

Re: Mental Health Council's Compliance with Non-Discrimination

Dear Dr. Carlson:

After examining the current law in Montana, it is my opinion that the several mental health corporations which we contract with to provide mental health services must comply with both federal and state law concerning non-discrimination as far as services and employment.

Under federal law, Title 6 of the 1964 Civil Rights Act and 42 USE, Section 2000D, agencies receiving federal funds must be in complete compliance with non-discrimination policies. Further, the 1972 Montana Constitution and Title 69 of the Revised Codes of Montana, 1947, insures that there is no discrimination in Montana. To do so, would be a clear violation of both federal and state law. I feel that our contracts with the mental health centers guarantee that there is compliance to both federal and state law as to non-discrimination.

Also, Montana law, 59-501, R.C.M. 1947, assures that members of the board of directors of mental health corporations are not involved in conflicts of interest as members. I view this as compliance with accepted standards. However, to insure further compliance, we will require such a statement in future contracts.

Very truly yours,

Nick A. Rotering

Nick A. Rotering
Special Assistant Attorney General
for the Department of Institutions

NAR/clk

Attachment 5

MAY 17 1976

Department of Health and Environmental Sciences
STATE OF MONTANA HELENA, MONTANA 59601

May 17, 1976

A.C. Knight, M.D., F.C.C.P.
Acting Director

Dr. Laurence Carlson, Administrator
Adaptive Services Division
Department of Institutions
Helena, Montana 59601

Dear Dr. Carlson:

At the request of Mr. Larry Gustafson, I am sending you the estimated cost of administering the Mental Health Construction plan in FY 1968. None of the allowable percentage of the grant was spent for administration so the figure shown represents state money.

Number of people involved: 1 professional, 1 clerical
What percent of bureau time spent: approximately 5%
Total estimated dollar cost: $2000

Sincerely,

Wallace A. King, Chief
Resource Development Bureau
Division of Health Planning & Resource Development

WAK/CA/g

PROBLEM G: THERE IS NO UNIFORM STRATEGY FOR ASSESSING THE DEVELOPMENT AND IMPLEMENTATION OF MENTAL HEALTH SERVICES IN MONTANA.

At the present time there are efforts by the Community Services Division of the Department of Institutions to undertake the development of a new Mental Health Plan for Montana. Comprehensive Health Planning, however, recognizes that a State Plan for Health would be deficient if no attempt were made to include some content dealing with mental health. Therefore, a group of persons who are active in the Montana Mental Health Association were convened to discuss their concerns about mental health services in Montana and to specifically review the recommendations contained in the 1965 Mental Health Plan to determine which of these are still appropriate and should receive attention in 1974.

After "brainstorming" about the recommendations which they found to be most important, the group submitted their ideas to CHP staff. The staff collated the suggestions and mailed them to the participants in the first "brainstorming" meeting to assure that they read as intended. Subsequently, they were sent to respondents to CHP's letter requesting indications of interest from persons across the state to review Plan material (see Appendix C for copy of this letter). Upon receipt of comments from these persons, the recommendations were refined further and are found under the implementation statement following.

It is hoped that readers of the State Plan for Health will appreciate the equal significance of mental health along with physical health if "health" is to be considered comprehensively. It is due only to limitations of staff, time, and historical reasons that mental health has not been afforded planning efforts equal to physical health by Comprehensive Health Planning in Montana. It is anticipated that the State Plan for Mental Health will stand as a companion document to the State Plan for Health for a total view of what should be done in Montana in regard to total health services.

In 1965, a Montana Plan for Mental Health Services, prepared by a statewide and community Mental Health Planning Committee and its staff, was published. Unfortunately, this fine plan was funded by a grant which provided only for plan development with no provision for a group to monitor its implementation. As a result, the plan did not receive the recognition it was due.

There is a Montana State Plan for Community Mental Health Centers Construction* which is used to determine construction standards, but there is no document which deals comprehensively with mental health services in Montana.

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*Prepared by the Division of Hospital and Medical Facilities, State Department of Health and Environmental Sciences, revised in 1969.

OBJECTIVE 1: To prepare a State Plan for Mental Health Services in Montana by 1976.

Implementation: This should be done by the Division of Community Services of the State Department of Institutions. Its preparation should involve a broad base of providers and consumers of mental health services, and it should incorporate a strategy for implementation.

The writers of the document should take into consideration the following recommendations for inclusion in the plan:*

1. The provision of comprehensive community care** should be emphasized. Toward this end, comprehensive community mental health centers should be developed, and outpatient mental hygiene clinics and psychiatric services in general hospitals should be expanded.

2. Overall coordination of mental health programs in Montana should be recognized as central to the success of the programs. Coordination should occur between all agencies and individuals having mental health responsibilities including schools, clergy, physicians, welfare offices, rehabilitation programs, public health nurses, and law enforcement officers.

3. A comprehensive program of public education and information concerning mental health problems and services available should be established. In addition, efforts should be increased to teach the general population more about human behavior and ways to promote positive mental health.

4. Provision for more adequate prevention and early treatment of mental health problems should be made.

5. Diagnostic and remediation services should be accessible geographically and financially to all Montana citizens.

6. Effective planning should take place before any further money is spent on construction of new treatment facilities. In this regard every effort should be made to identify and support existing

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*This is not a prioritized list.

**Including the five essential services of comprehensive community mental health centers--in-patient, out-patient, 24-hour emergency, partial hospitalization, and consultation and education.

Implementation: (continued)

resources in a community before development of new mental health facilities is considered.

7. Since a significant portion of a child's life is spent in school, teachers and other school personnel have an opportunity to observe early symptoms of mental health problems if they are aware of the signs. Therefore, greater emphasis should be given in training programs to better prepare prospective teachers and other school personnel to recognize and refer, as early as possible, pupils deviating from normal growth, behavior and learning patterns. Another important aspect of training should include content on techniques to promote mental health.

8. Cooperation and agreement between federal, state, and local agencies should occur in developing programs for the care of persons with mental health problems.

9. Residential treatment facilities should be available for children with mental health problems who cannot be maintained in their homes. The nature and location of the facilities should be determined in the Mental Health Plan to be developed.

10. Programs should investigate the benefits of utilizing paraprofessionals, volunteers and other non-professional categories of manpower. In addition, non-traditional manners of delivering services should be considered, e.g., unusual office hours or locations.

State of Montana
Office of The Governor
Helena 59601

THOMAS L. JUDGE
GOVERNOR

MEMORANDUM July 31, 1973

To: All State Agencies

From: Thomas L. Judge, Governor

Re: Multi-County Districting

On August 24, 1971, my predecessor, Governor Anderson, created twelve multi-county districts in order to enhance state agency administration and state planning coordination. Implementation of that order has, in some instances, been delayed due to district and Supreme Court action on challenges to the districting system. On March 28, 1973, the Supreme Court upheld Executive Order 2-71 and removed all legal barriers to its full implementation. A review and evaluation of the multi-county districting system conducted last fall indicated no substantive difficulties among those agencies which had proceeded to implement the uniform districting system. It was found that the activities of some state agencies were more appropriately conducted within groupings of districts rather than on a single district basis. A particular pattern of district groupings occurred most frequently and is shown on the enclosed map.

Based on the above court rulings and evaluation, I am proceeding to fully implement the multi-county districting system created in Executive Order 2-71. In addition, I am directing those agencies that can most productively serve the state with fewer than twelve districts to adopt five administrative regions composed as follows:

Region I - Districts 1, 2, and 3
Region II - Districts 4 and 5
Region III - Districts 6 and 7
Region IV - Districts 8, 9 and 12
Region V - Districts 10 and 11

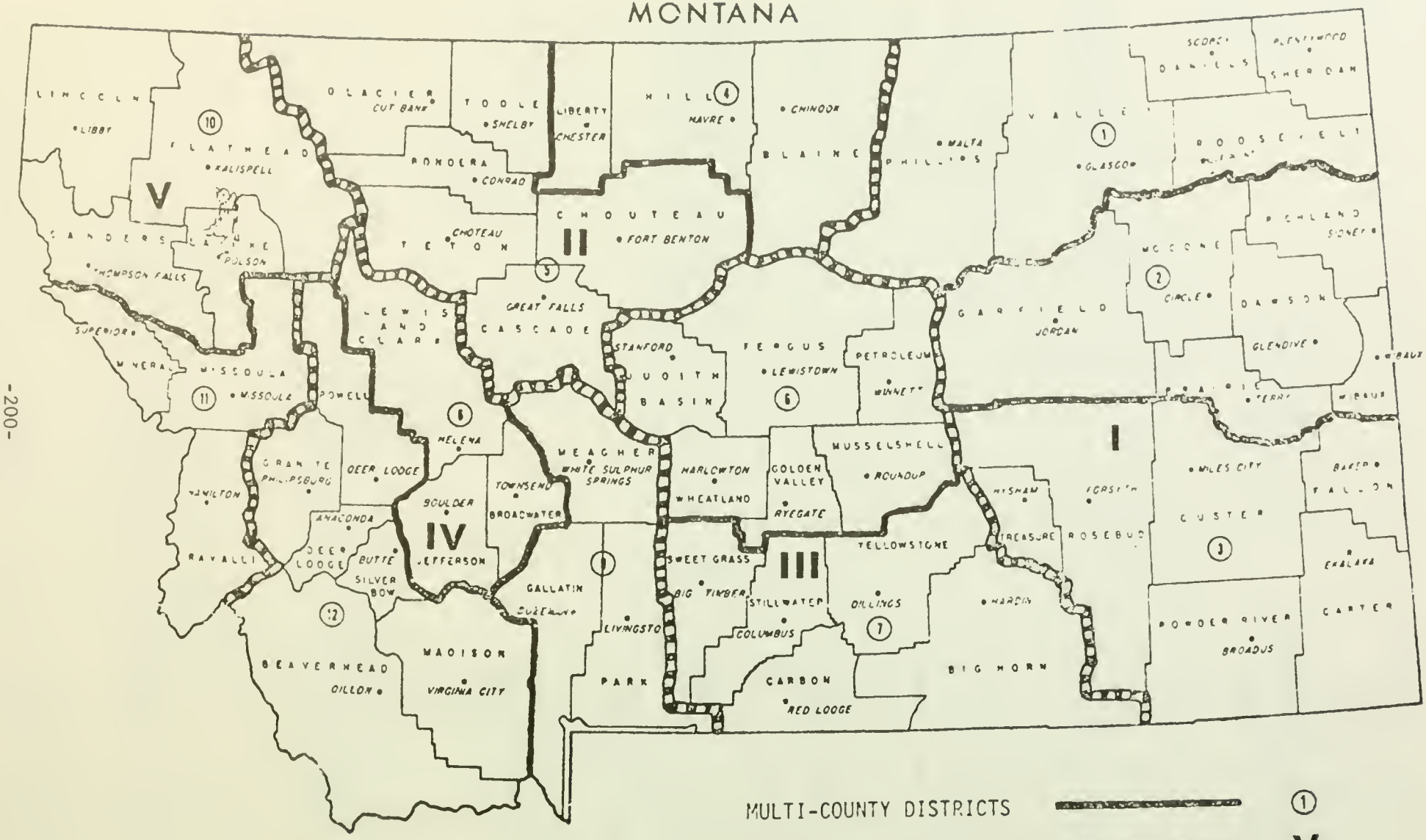
One of the objectives of Executive Order 2-71 was to facilitate planning and program coordination, administration, and delivery

of services by all levels of government within the State." In order to involve local governments as full partners in the district decision-making process, the Department of Intergovernmental Relations has developed guidelines for local governments to follow in establishing district councils. These councils will provide a vehicle for state agencies to communicate with local government. More important, these district councils will develop statements of district policy that will assist in the development of state agency plans and programs. The Department of Intergovernmental Relations will be assisting local governments in the formation of district councils and will be responsible for state recognition of qualified Councils. Information on the relationship between state agencies and district councils and the roles of each will be forthcoming in the near future.

I am asking each department to describe its present districting or arrangements and plans for compliance with the designated districts on the attached form. These should be returned to Dorothy Eck, State-Local Coordinator, Department of Intergovernmental Relations.

Enclosures (2)

MONTANA


LINCOLN
LIBBY
FLATHEAD
KALISPELL
10
V
SANDERS
LAKE
POLSON
THOMPSON FALLS
SUPERIOR
MINERAL
MISSOULA
MISSOULA
11
GLACIER
CUT BANK
TOOLE
SHELBY
LIBERTY
CHESTER
HILL
HAVRE
4
CHINOOK
BLAINE
PHILLIPS
MALTA
VALLEY
GLASCOCK
1
SCOBEY
DANIELS
PLENTYWOOD
SHERIDAN
ROOSEVELT
RONDERA
CONRAD
CHOUTEAU
TETON
CHOUTEAU
II
FORT BENTON
5
GREAT FALLS
CASCADE
LEWIS AND CLARK
STANFORD
JUDITH BASIN
FERGUS
LEWISTOWN
6
PETROLEUM
WINNETT
GARFIELD
JORDAN
MCCONE
2
CIRCLE
POWDER RIVER
CARTER
DAWSON
GLENDIVE
WIBAUX
TERRY
POWELL
8
HELENA
MEAGHER
WHITE SULPHUR SPRINGS
HARLOWTON
WHEATLAND
GOLDEN VALLEY
RYEGATE
MUSSELSHELL
ROUNDUP
I
MILES CITY
CUSTER
3
FORSYTH
ROSEBUD
TREASURE
HYSHAM
BAKER
FALLON
GRANITE
PHILIPSBURG
DEER LODGE
HAMILTON
ANACONDA
BOULDER
IV
JEFFERSON
TOWNSEND
BROADWATER
RAVALLI
DEER LODGE
BUTTE
SILVER BOW
9
GALLATIN
BOZEMAN
LIVINGSTON
PARK
SWEET GRASS
BIG TIMBER
III
STILLWATER
COLUMBUS
YELLOWSTONE
BILLINGS
7
HARDIN
CARBON
RED LODGE
BIG HORN
POWDER RIVER
BROADUS
CARTER
EKALAKA
12
BEAVERHEAD
DILLON
MADISON
VIRGINIA CITY
MULTI-COUNTY DISTRICTS
1
ADMINISTRATIVE AREAS
V